

Name
in
Full

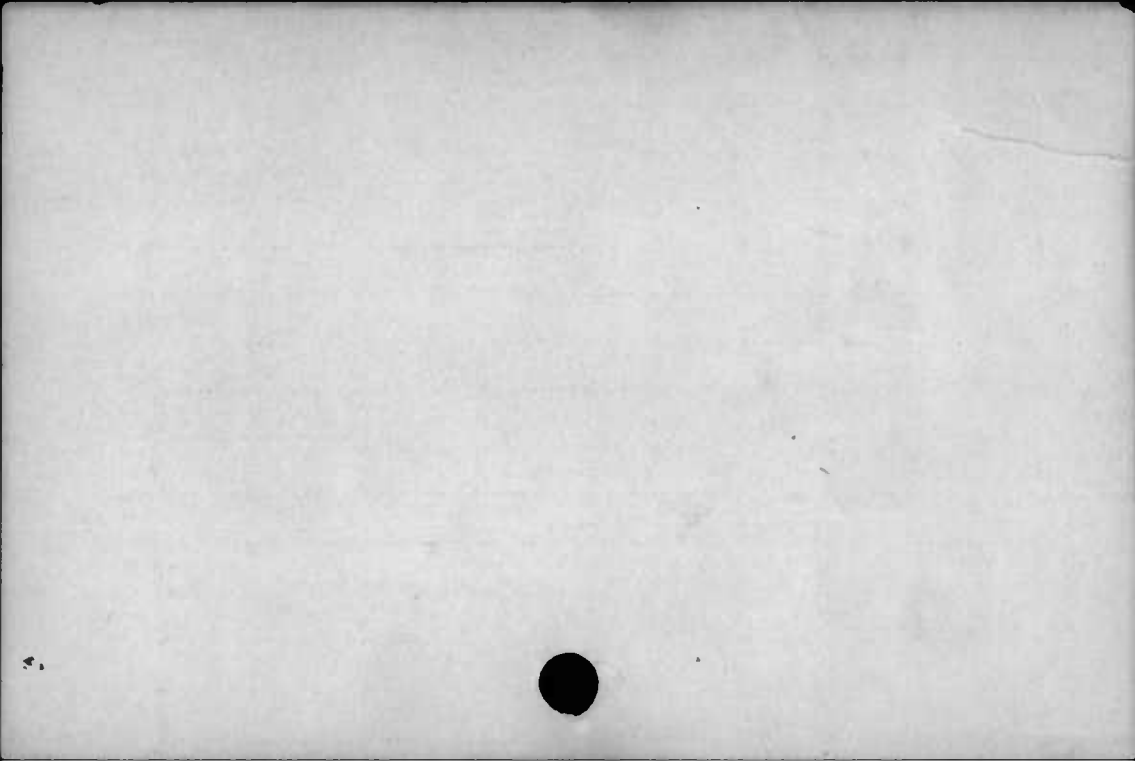
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>County</i>		Allergany		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>28</i>	Years <i>28</i>	Months <i>28</i>	Days <i>28</i>	
Sex <i>Male</i>	Color or Race <i>Wh</i>		Birth-place <i>134 Pa Ave</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>Levi Ambrose</i>	Father's Birthplace <i>Ill Va</i>						
Mother's Maiden Name <i>Alice Munn</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Levi Ambrose</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary <i>Pneumonia Venic</i>	How long
Immediate <i>Pneumonia Venic</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Thaler M.D.</i>
	Address <i>134 Pa Ave</i>
Accident or Suicide? <i>Stein</i>	<i>Cumberland Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Edith Barnard</i>		Town <i>Chamberland</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Chamberland</i>		Month <i>Feb</i>		Day <i>18</i>		Years <i>5</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>18</i>		Years <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>		Months <i>7</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>#4 Nine St.</i>		Years <i>—</i>		Days <i>7</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>has none</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Allen Barnard</i>		Mother's Maiden Name <i>Mary E Kimmelwright</i>		How related to decaasad <i>Mother</i>		Name of person giving In formation <i>Mary Barnard</i>	

CAUSES OF DEATH

Primary

Pneumonia

How long

2 wks.

Immediate

Exhaustion

How long

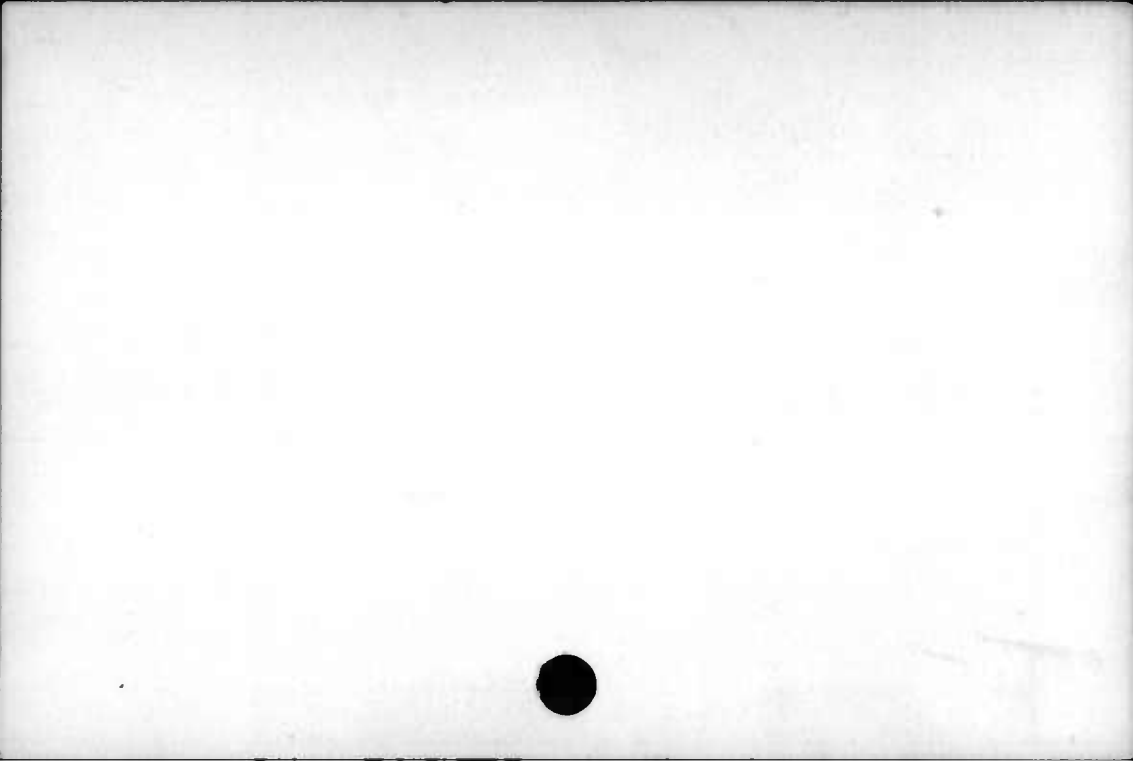
*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*Dr. V. R. Hodges*

Address

*Eckhart, Md.
Chamberland
Md.*

Accident or Suicide?

Hodges



Name
in
Full

Mary Baxter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>5</i>	Age <i>77</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Scots-Irish</i>		Birth-place <i>Scotland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Elizabeth Baxter</i>				
Father's Name <i>Levi Clark</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>- Clark</i>	Mother's Birthplace <i>Ireland.</i>				
Name of person giving information <i>James Baxter</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

Primary <i>Chronic Prostatitis</i>	How long <i>years</i>
Immediate <i>Leucity - exhaustion</i>	How long <i>2 wks.</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

1

By J. L. L.

Carter.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

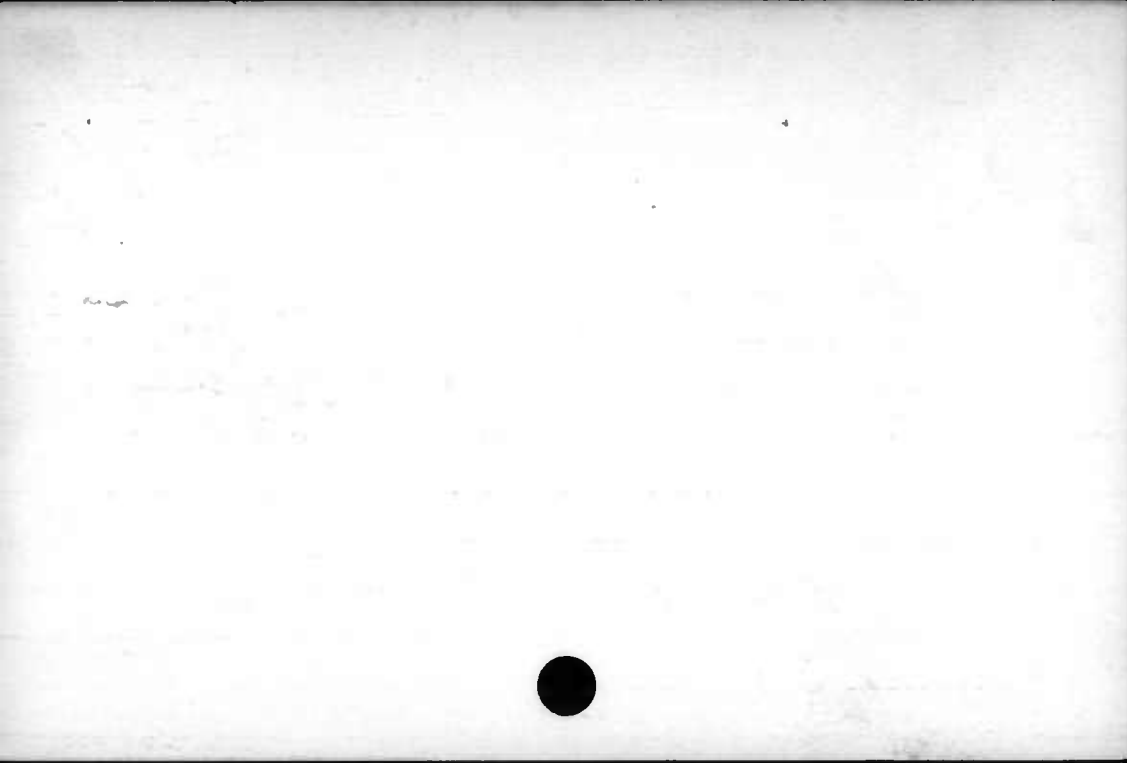
MARYLAND

Died at <i>Lisacoming</i> ^{Town}		<i>Allegheny</i> ^{County}					
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>68</i>	Years <i>1</i>	Months <i>7</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Nova Scotia</i>				
Occupation <i>miner</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Sarah Morgan</i> Husband						
Father's Name <i>James Bell</i>	Father's Birthplace <i>Scotland</i>						
Mother's Maiden Name <i>Marian M. Keir</i>	Mother's Birthplace <i>Scotland</i>						
Name of person giving information <i>C. M. Bell</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

Primary <i>Chronic Bronchitis</i>	How long <i>10</i>	<i>Years</i>
Immediate <i>Emphysema</i>	How long <i>3</i>	<i>days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. E. Skilling M.D.</i>	
	Address <i>Lisacoming</i>	
Accident or Suicide? <i>no</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Mamie Mildred Bell

CERTIFICATE OF DEATH

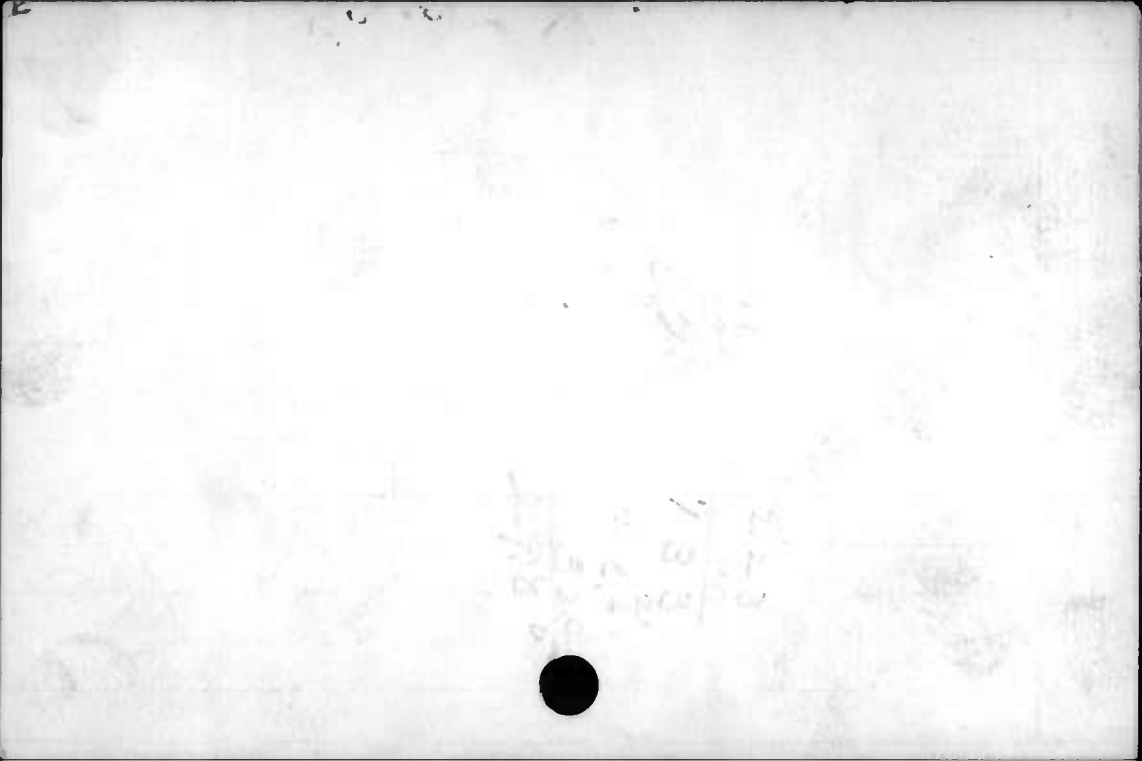
TO BE ANSWERED BY
NEAREST FRIEND

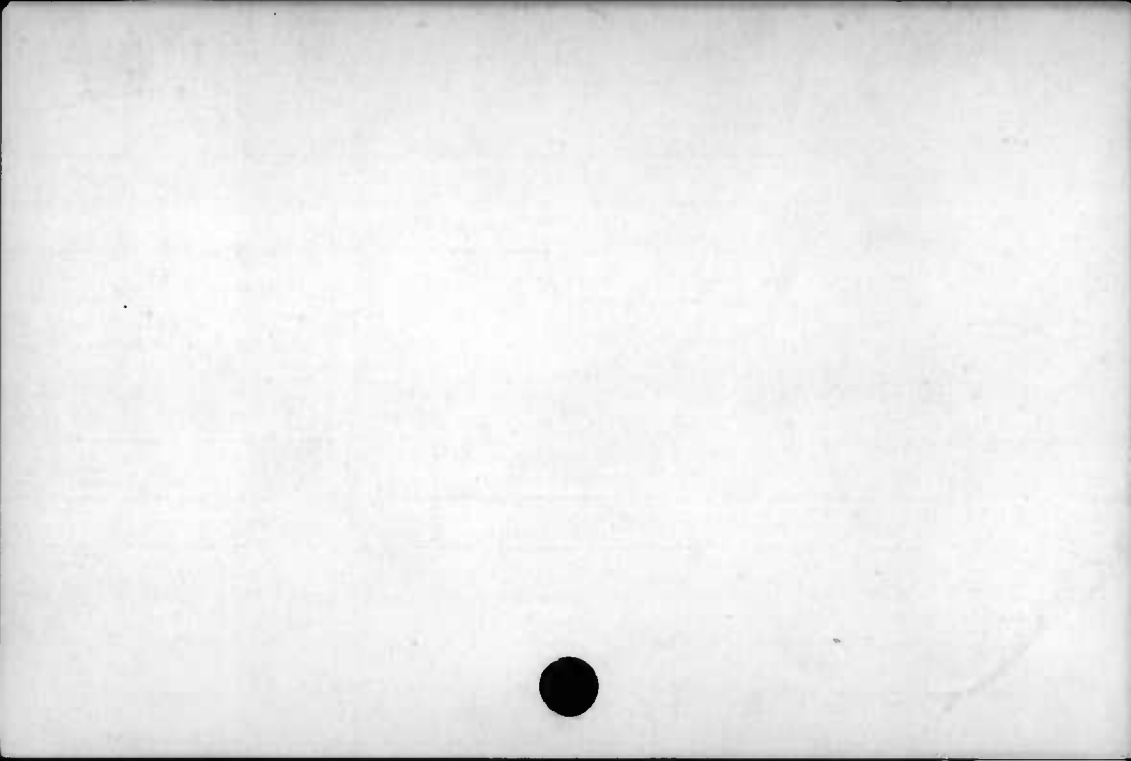
Died at <i>Westport</i>		Town <i>Westport</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	2	Day	24	Years	2
Sex	female		Color or Race	white		Birth-place	Westport
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	H. H. Bell					Father's Birthplace	W. Va.
Mother's Maiden Name	Ann R. Fozumbaker					Mother's Birthplace	Westport
Name of person giving information	H. H. Bell					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	
Immediate	<i>Suppression of Urinary</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?			





Name
in
Full

Russell Blaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death <u>1907 Feb</u> ^{Month}		<u>3</u> ^{Day}	Age <u>29</u> ^{Years}	<u>6</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hesper W Va</u>			
Occupation <u>Brakman</u>	Where Residing if not at place of death <u>So. Cumtld.</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Eva Blaker</u>				
Father's Name <u>Wm Blaker</u>	Father's Birthplace <u>W Va</u>				
Mother's Maiden Name <u>Alley Kelly</u>	Mother's Birthplace <u>W Va</u>				
Name of person giving information <u>Eva Blaker</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>3 wks.</u>
Immediate <u>Perforation</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr E B Chidropke</u>
	Address <u>Cumtland</u>
Accident or Suicide?	<u>no</u>

PHYSICIAN
OR CORONER

1

Gemma albina

Name
in
Full

CERTIFICATE OF DEATH

Martha Bloomer

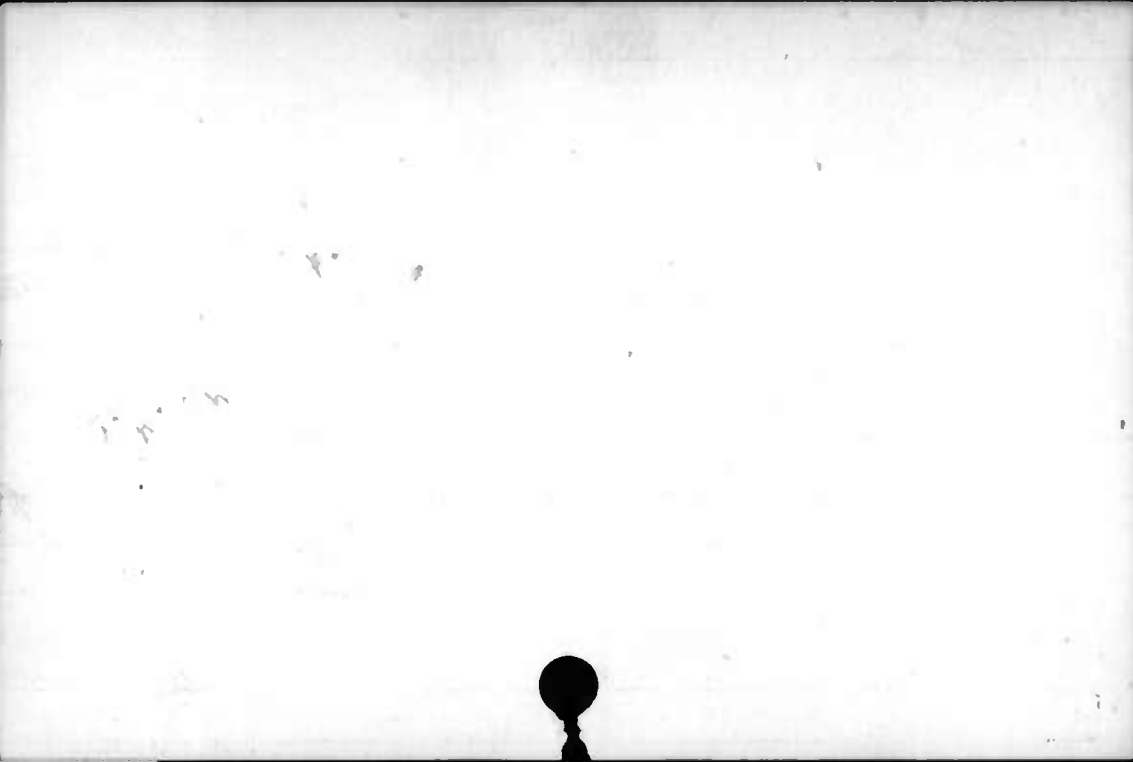
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumby</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>3</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Cumby Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Grover C Bloomer</u>			Father's Birthplace <u>McCartney</u>		
Mother's Maiden Name <u>Abby Bloomer</u>			Mother's Birthplace <u>Summerset</u>		
Name of person giving information <u>Grover C Bloomer</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tetanus neonatorum</u>	How long <u>12</u> days
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm H. H. H.</u>
	Address <u>—</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mr Joseph H Brant

Town *Cumberland* County *alligany* MARYLAND

Died at *Cumberland*

Date of death *1907 Feb 4* Age *83* Months Days

Sex *Male* Color or Race *White* Birth-place *Cumberland md*

Occupation *Farmer* Where Residing if not at place of death *Cumberland md*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Do not know*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving information *Hilary Brant* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Lungery (Tubercle)* How long *Two days*

Immediate *Exhaustion* How long *4 or 5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. J. Pierg*

Address *Cumberland, Md*

I Accident or Suicide?



0/70/10/16

Name
in
Full

Way Bluebaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Van Lumber Town

Allegany County

MARYLAND

Date of death 1907

Month 2

Day 7

Age 6

Years

Months

Days

Sex female

Color or
Race

white

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Jacob Bluebaugh

Father's
Birthplace

Ind

Mother's
Maiden Name

Sarah Leger

Mother's
Birthplace

Ind

Name of person giving
In formation

John Bluebaugh Jr

How related
to deceased

Bro

CAUSES OF DEATH

Primary

Dysphyluria

How long

12 days

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Merri

PHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

Gladys B. Burch

CERTIFICATE OF DEATH

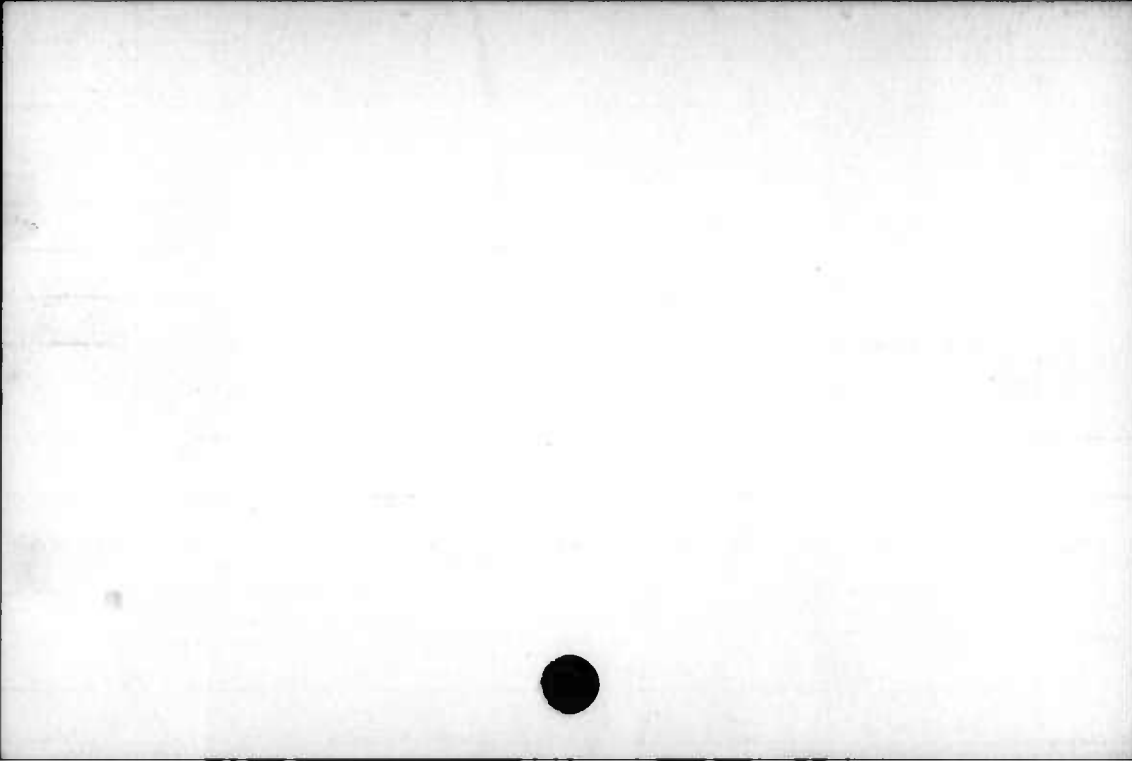
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumhur</u> Town		<u>Allen</u> County		MARYLAND	
Date of death	1907	Month	July	Day	21
Age		Years		Months	2
Sex	female	Color or Race	white	Birth-place	md
Occupation	<u>none</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	Single	Name of Wife or Husband <u>none</u>			
Father's Name	J. S. Burch			Father's Birthplace	md
Mother's Maiden Name	Hily 15			Mother's Birthplace	md
Name of person giving information	J S Burch			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Weak Heart	How long	2 mo.
Immediate	Heart Failure	How long	mo.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. B. Burch
		Address	Cumhur
Accident or Suicide?			



Name
in
Full

Peter Francis Cain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb.	9	57			
Sex	Male		Color or Race	White		Birth-place	Escholt Md
Occupation	Miner		Where Residing if not at place of death		Vale Summit Md		
Married, Single or Widowed	Widower		Name of Wife or Husband		Ellen Cain		
Father's Name	Thomas Cain				Father's Birthplace	Dublin Ireland	
Mother's Maiden Name	Ellen Cain				Mother's Birthplace	Dublin Ireland	
Name of person giving information	Henry Cain				How related to deceased	Brother	

CAUSES OF DEATH

Primary	La Grippe	How long	3 weeks
Immediate	Heart failure	How long	one day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jas C. Holdsworth
		Address	Escholt Mines Alleghany Co. Md
Accident or Suicide?			

PHYSICIAN
OR CORONER

1

Is M

Cartmel - County -

Woolley -

Name
in
Full

Wm Edward Carder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>5</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cumberland</u>	
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>James Carder</u>			Father's Birthplace <u>old Town Md</u>		
Mother's Maiden Name <u>Jennie Holell</u>			Mother's Birthplace <u>" " Md</u>		
Name of person giving information <u>James Carder</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Pneumonia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thomas Koon. M.D.</u>
	Address <u>Cumberland</u> <u>ss.</u>
Accident or Suicide? <u>no</u>	<u>Ma.</u>

old. home

10/10/21

Name
in
Full

CERTIFICATE OF DEATH

Calvin Luther Castle

TO BE ANSWERED BY
NEAREST FRIEND

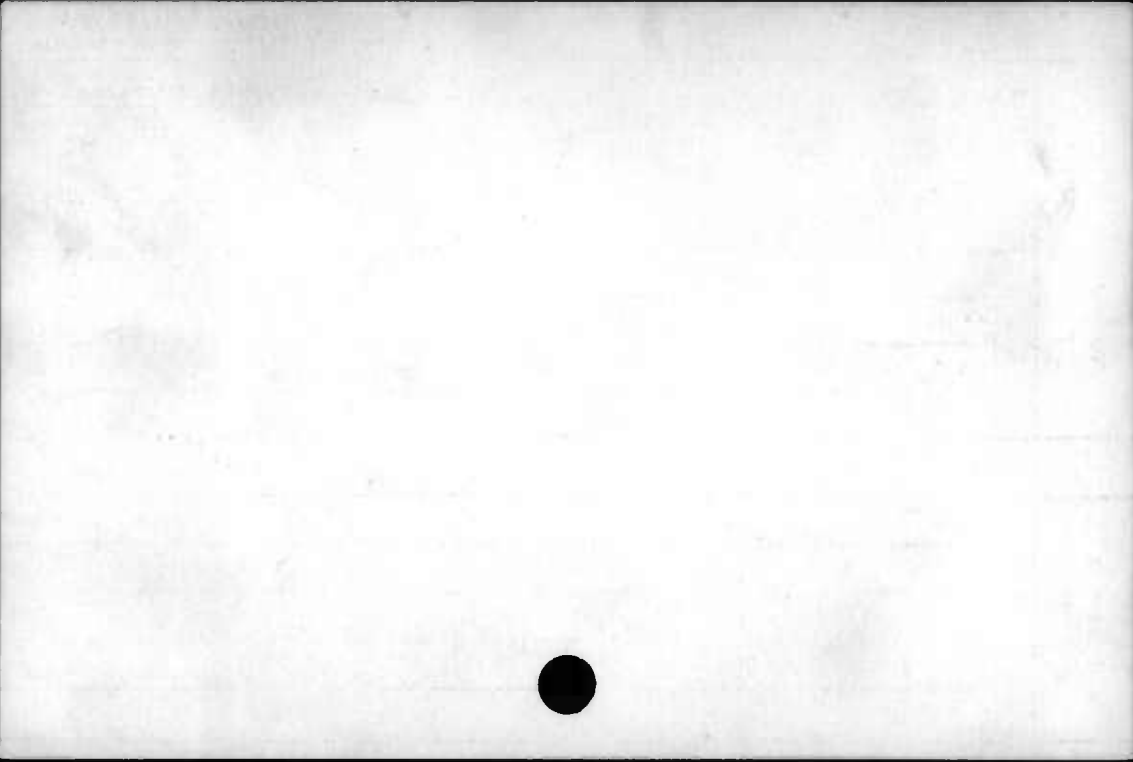
Died at <i>Cumberland</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>26</i>
Age	<i>51</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Middle town and</i>
Occupation	<i>Steel Worker</i>		Where Residing if not at place of death <i>Cumberland</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband			
Father's Name	<i>Mahlon Castle</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Miss Lulu Castle</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Neuralgia of Heart</i>	How long	<i>10 hours.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. H. Jones M.D.</i>
		Address	<i>Cumby, Ind.</i>
Accident or Suicide?			<i>Yes</i>

80



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Patrick Brance

Died at ^{Town} Cumberland^{County} Allegany

MARYLAND

Date of death 1907 Feb 2

Age 94

Months -

Days -

Sex Male

Color or Race

White

Birth-place

Ireland

Occupation

Laborer

Where Residing if not at place of death -

Married, Single or Widowed

Widower

Name of Wife or Husband

none

Father's Name

Don't Know

Father's Birthplace

Mother's Maiden Name

Don't Know

Mother's Birthplace

Name of person giving information

Bernard Boyle

How related to deceased

Sister Law

CAUSES OF DEATH

Primary

Epithelioma of Tongue

How long

4 1/2 years

Immediate

Exhaustion

How long

weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. R. Stockman

Address

Cincinnati

Accident or Suicide?

PHYSICIAN
OR CORONER

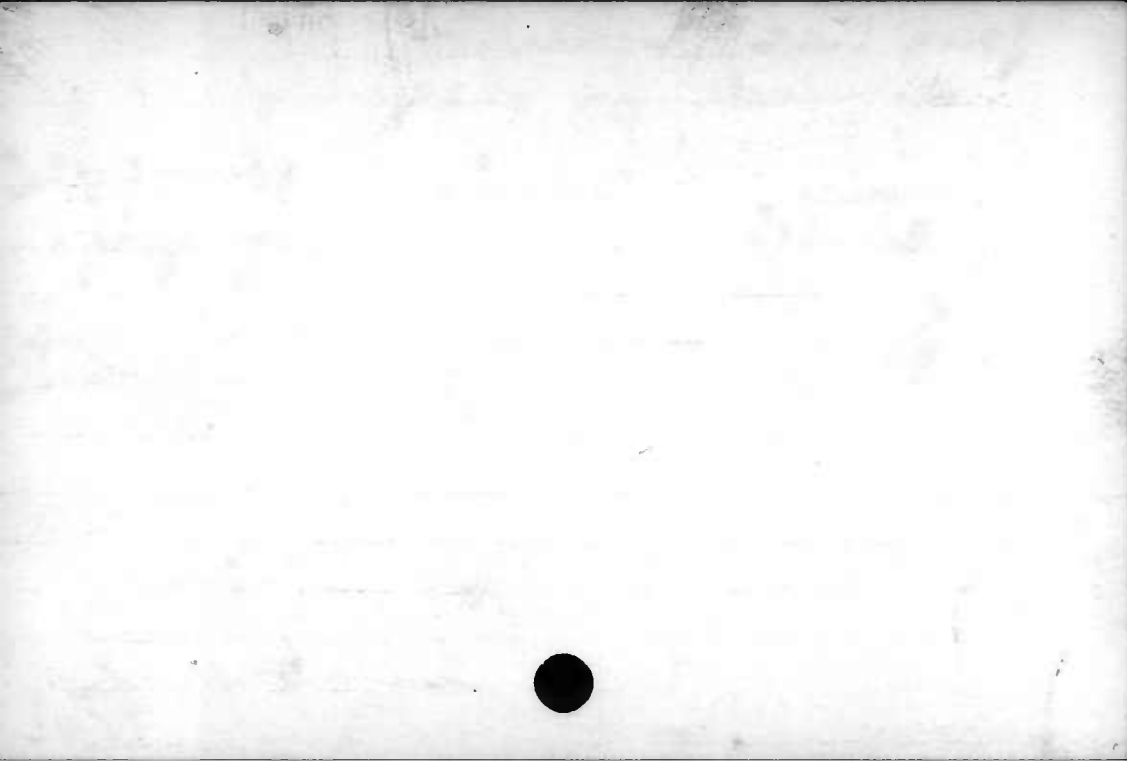
1703
Oceano Co. Pa.

Name in Full John Lee Daniels		CERTIFICATE OF DEATH	
Died at Cumberland ^{Town}		Allegheny ^{County}	
Date of death 1907 Feb. 19		Age 16	
Sex Male		Color or Race White	
Occupation Child		Birth-place Spring Gap Md.	
Where Residing if not at place of death Spring Gap			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name J. W. Daniels		Father's Birthplace Prine, Cal.	
Mother's Maiden Name Frances Stauling		Mother's Birthplace Cumberland	
Name of person giving information Father		How related to deceased Father	
CAUSES OF DEATH			
Primary Heart trouble		How long 5 years	
Immediate Heart Failure		How long 1 day	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Backsdat	
		Address Cumberland Md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Sophia E. Dilfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Feb</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>87</u> <small>Years</small>	<u>6</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>retired</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Adam Dilfer</u>				
Father's Name <u>Adam Smith</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Christina Winterberg</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Adam Dilfer</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary	<u>Broncho-pneumonia</u>	How long	<u>92</u> <u>10 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>"</u> <u>"</u>

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

28

Accident or Suicide?

Ann. Adams

" Great Dixie Lumber

Mrs. John Metz

Grand Hotel 17 -

Great S. Elm 8 -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lomacoring</i>		Town <i>Lomacoring</i>		County <i>Allegheny</i>		MARYLAND		
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>22</i>	Age	<i>35</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Pekin Md</i>	
Occupation	<i>School Teacher</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name	<i>John Doughan</i>					Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Hannah Elly</i>					Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Jas Doughan</i>					How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Inflammation</i>	How long	<i>Some months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. S. Skilling M.D.</i>
		Address	<i>Lomacoring</i>
Accident or Suicide?	<i>No</i>		

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

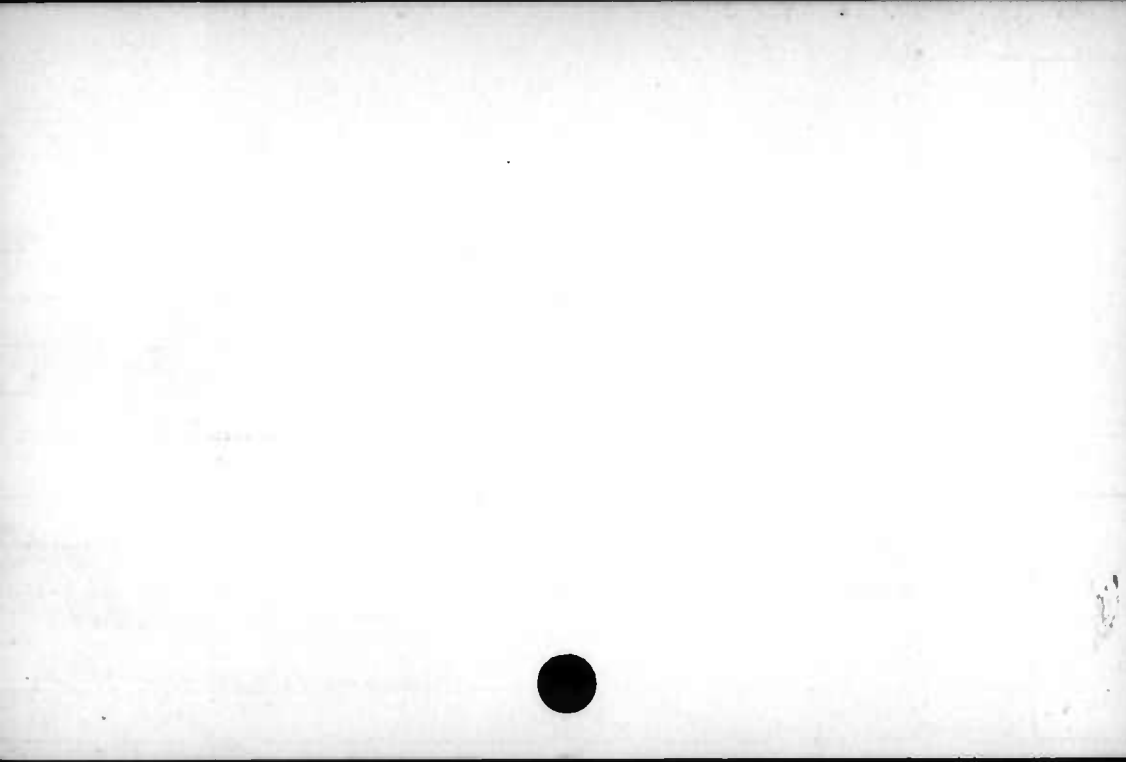
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>65</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Ellen Thompson</i>				
Father's Name <i>John Gillies</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Mary Morrell</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>John Gillies</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary <i>Apoplexy</i>	How long <i>Suddenly</i>
Immediate <i>Paralysis & exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Stelling M.D.</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name
in
Full

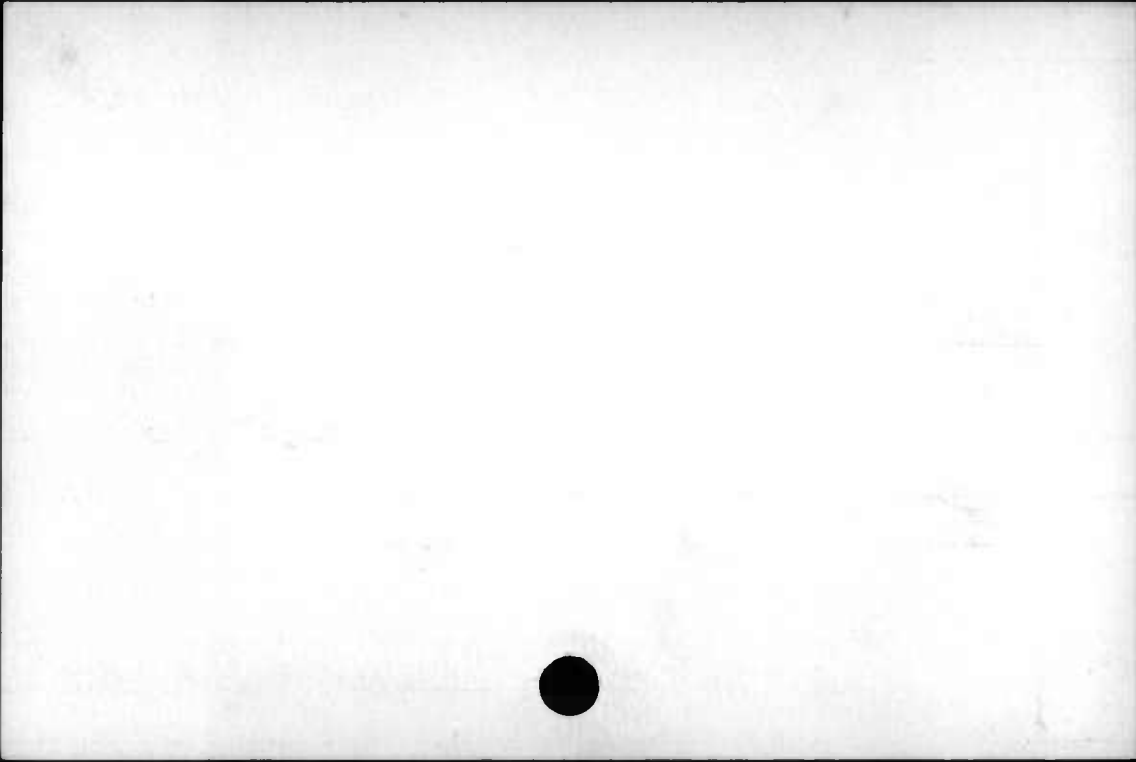
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb.	20	19			
Sex	male		Color or Race	White		Birth-place	Piedmont, W. Va.
Occupation	Machinist app.		Where Residing if not at place of death		Ind. Ave.		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Jno. F. Gornall				Father's Birthplace	Ind.	
Mother's Maiden Name	Mary Beall				Mother's Birthplace	"	
Name of person giving information	E. H. Rodgers				How related to deceased	Bro. in Law.	

CAUSES OF DEATH

PHYSICIAN OR CORONER I	Primary	Typhoid Fever		How long	10 dy.
	Immediate	Perforation of Bowel		How long	2 dy.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		
	Signature of Physician		Thomas Korn M.D.		
Address		Baltimore Md.			
Accident or Suicide?		Piedmont			



Name
in
Full

Clanora Harshman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death	1907	Month Feb	Day 23	Age 73	Years	Months -	Days -
Sex	Female		Color or Race	White		Birth- place	Pa
Occupation	Housekeeper			Where Residing if not at place of death Maple Ridge Md			
Married, Single or Widowed	Widow		Name of Wife or Husband Moses.				
Father's Name	Dont Know					Father's Birthplace	Dont Know
Mother's Maiden Name	" "					Mother's Birthplace	" "
Name of person giving information	Benjeman a Dorsey					How related to deceased	Stephen

CAUSES OF DEATH

Primary	Organic. Brain disease.	How long	19
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

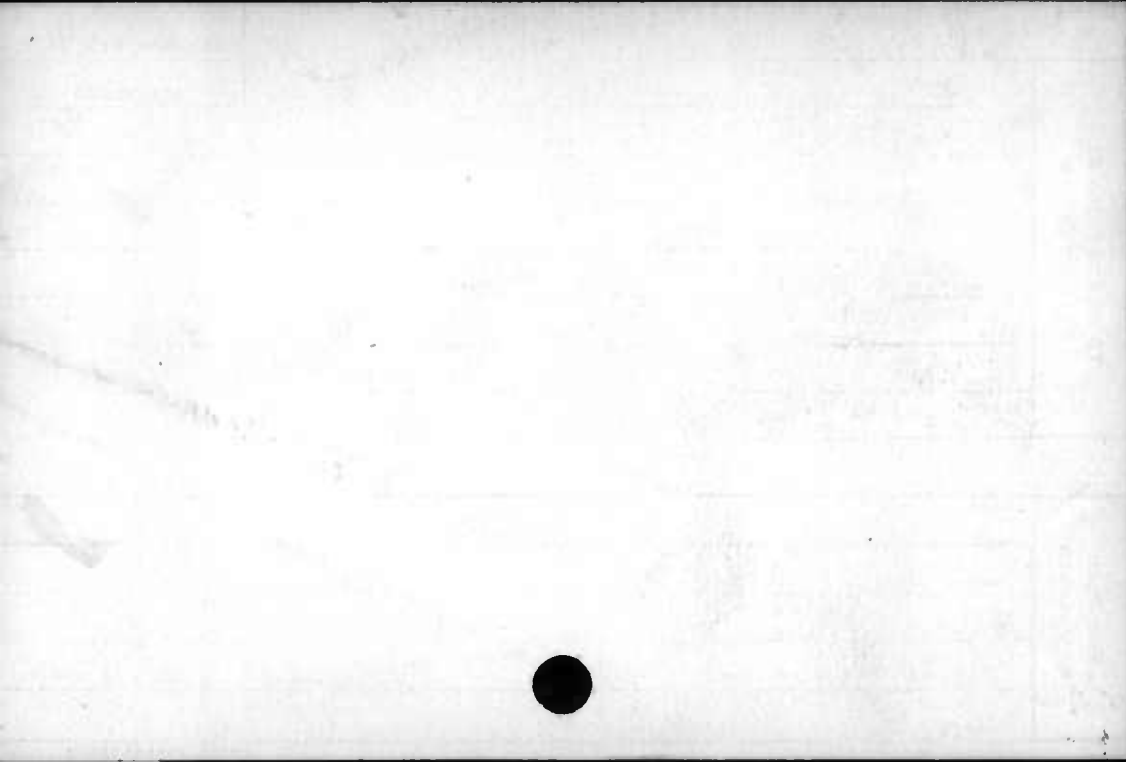
J. B. M. Donald
Cumberland Md

Accident or Suicide?

Lino Time

PHYSICIAN
OR CORONER

1



Name
in
Full

Agnes T. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death		1907	Month 2	Day 3	Age	Years 72	Months 11
Sex		Female		Color or Race		White	
Occupation		H. H.		Where Residing if not at place of death		Birth- place	
Married, Single or Widowed		Married		Name of Wife or Husband		Thomas Hill	
Father's Name		Benjamin M. Hill		Father's Birthplace		Ireland	
Mother's Maiden Name		Jane M. Hill		Mother's Birthplace		Ireland	
Name of person giving Information		Jane Robinson		How related to deceased		Daughter	

CAUSES OF DEATH

Primary

Asstic Regurgitation

How long

How long

12 yrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

B. H. O. M. Lane

Address

Frostburg Md

Accident or Suicide?

to Mr.

Alleybury Cincinaty -

Name
in
Full

CERTIFICATE OF DEATH

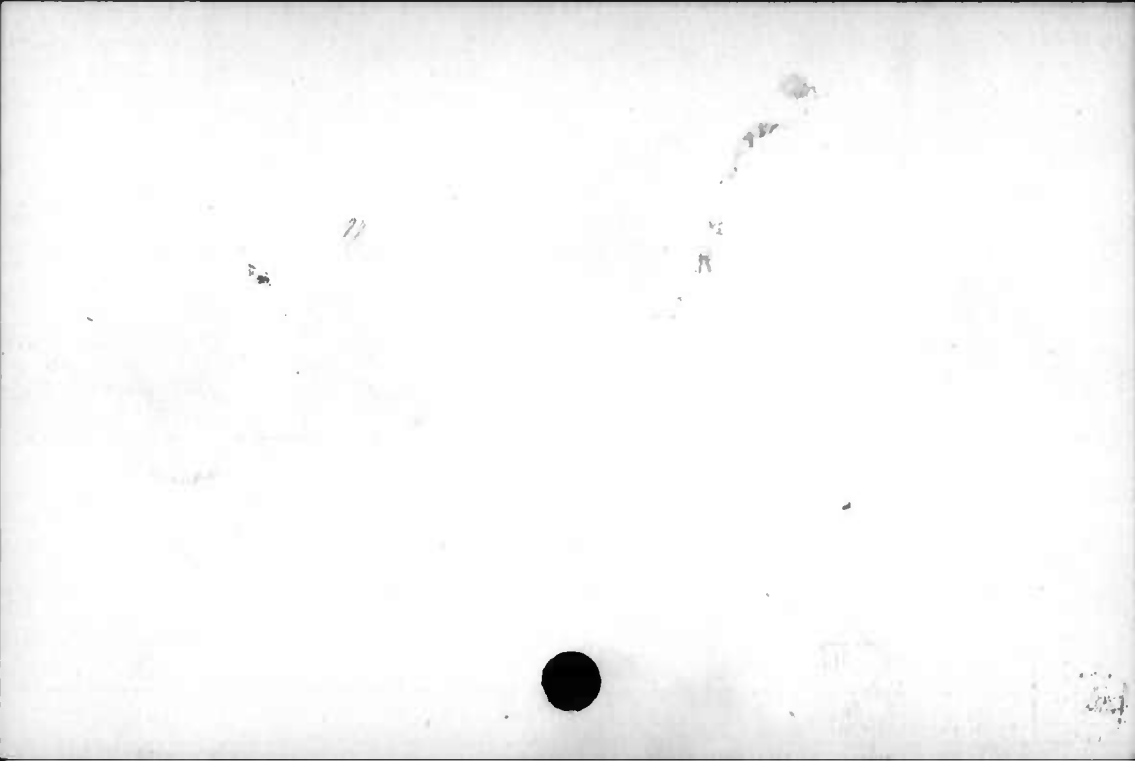
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> Town		<i>Hoo</i> County		MARYLAND		
Date of death <i>1907</i>	<i>Feb</i> Month	<i>5</i> Day	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtland Md</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Abraham B. Hester</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary L. Luncaster</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mother</i>			How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn (Mal-presentation)</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. H. J. Braden</i>
		Address	<i>Cumtland Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Hovener

Died at *Int Savage* *Allegheny* County

Date of death 190 *7* *Feb* *6th* Age *84* Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Married, Single or Widowed *Married* Occupation *Miner*

Name of Wife or Husband *Elizabeth Hovener*

Father's Name *Paul Hovener* Father's Birthplace *Germany*

Mother's Maiden Name *Dorothy Gager* Mother's Birthplace *Germany*

Name of person giving information *Wm H Black* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old Age* *154* How long

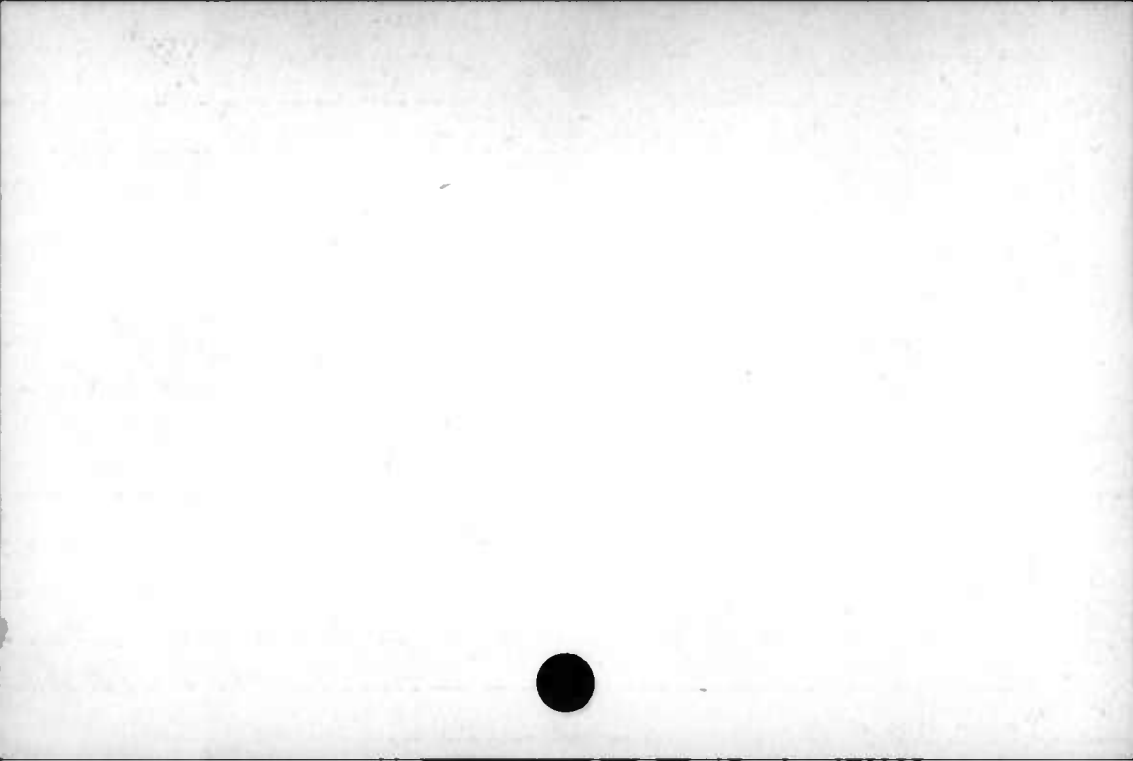
Immediate *Exhaust* How long *7 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. Alan E. Hunsberger*

Address *Int Savage*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Edmund Kearney

Town

County

MARYLAND

Died at

Cumtuxland

Accompany

Date

Month

Day

Age

Years

Months

Days

of death

1907

2

15

71

71

71

71

Sex

Female

Color or Race

White

Birthplace

Drumright, Okla.

Occupation

Housewife

Where Residing if not at place of death

Drumright, Okla.

Married, Single

☒ Widowed

Name of Wife or Husband

John Kearney

Father's Name

Thomas G. Gagan

Father's Birthplace

Drumright, Okla.

Mother's Maiden Name

Edmund " "

Mother's Birthplace

Drumright, Okla.

Name of person giving information

Mathew Kearney

How related to deceased

Son

CAUSES OF DEATH

Primary

Cancer

How long

7 mo's

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

James J. Johnson

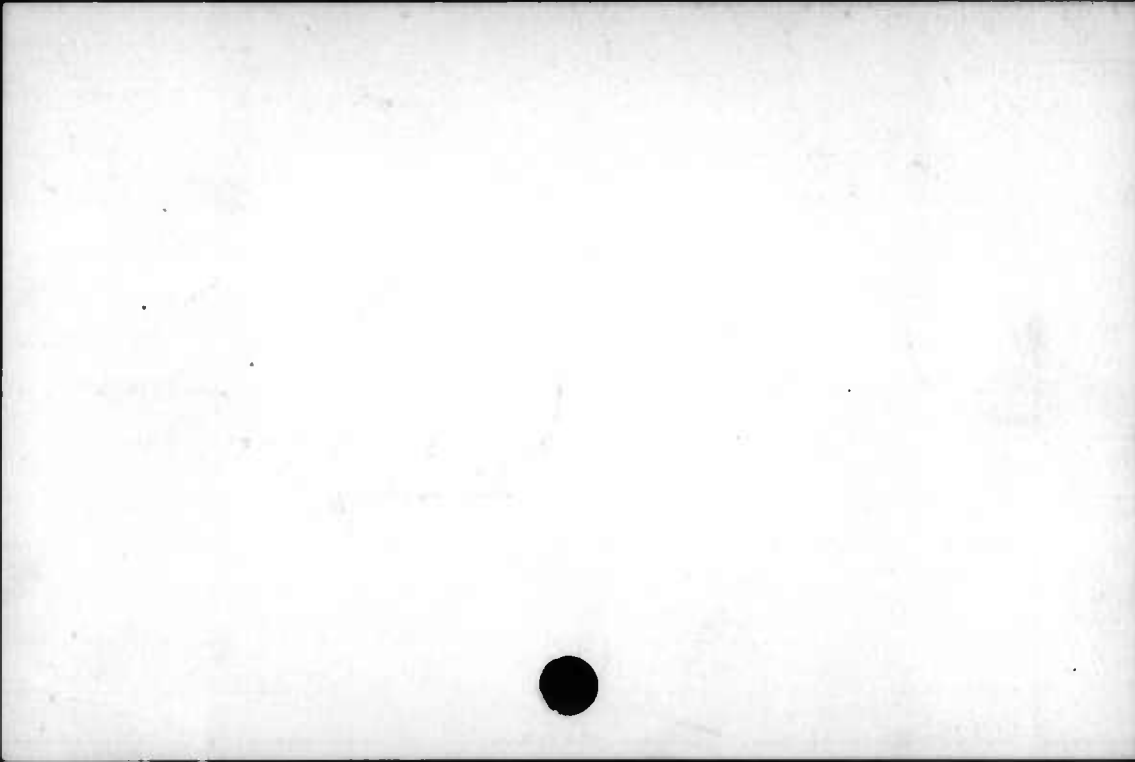
Address

Cumtuxland, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER



Name
in
Full

Ralph Lester Keir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Borden Shaft		County Alleghany		MARYLAND	
Date of death		Month 1907	2	Day 6	Age Years —	Months 11	Days 10
Sex M.		Color or Race W.		Birth-place Maryland			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Isaac Keir				Father's Birthplace Maryland			
Mother's Maiden Name Maud Hager				Mother's Birthplace Maryland			
Name of person giving information Maud Keir				How related to deceased Mother			

CAUSES OF DEATH

Primary

Immediate

Capillary Bronchitis (95) }
How long } 10 days
How long }

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr W O M Lane

Address

Frostburg Md

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Grove
alley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mr. Henry Kratz*

Town *Lonaconing* County *Allegheny*

Died at *Lonaconing*

Date of death *1907* Month *Feb* Day *11* Age *48* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Lonaconing*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Husband *Henry Kratz*

Father's Name *Adam M. C. Millan* Father's Birthplace *Scotland*

Mother's Maiden Name *Barbara Gordon* Mother's Birthplace *" "*

Name of person giving information *Com. B. Bradley* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Chronic Bronchitis* How long *Two years*

Immediate *Pneumonia* How long *Five days*

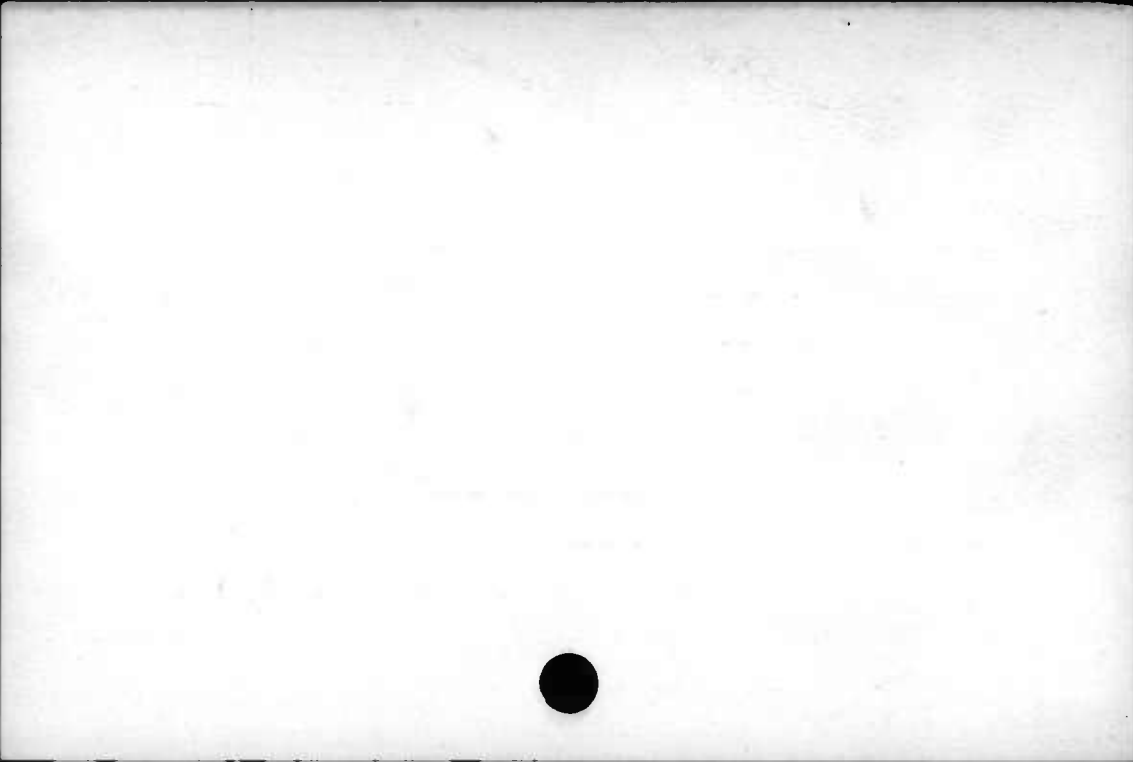
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Stelling M.D.*

Address *Lonaconing*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
in
Full

Lindman (123. 123)

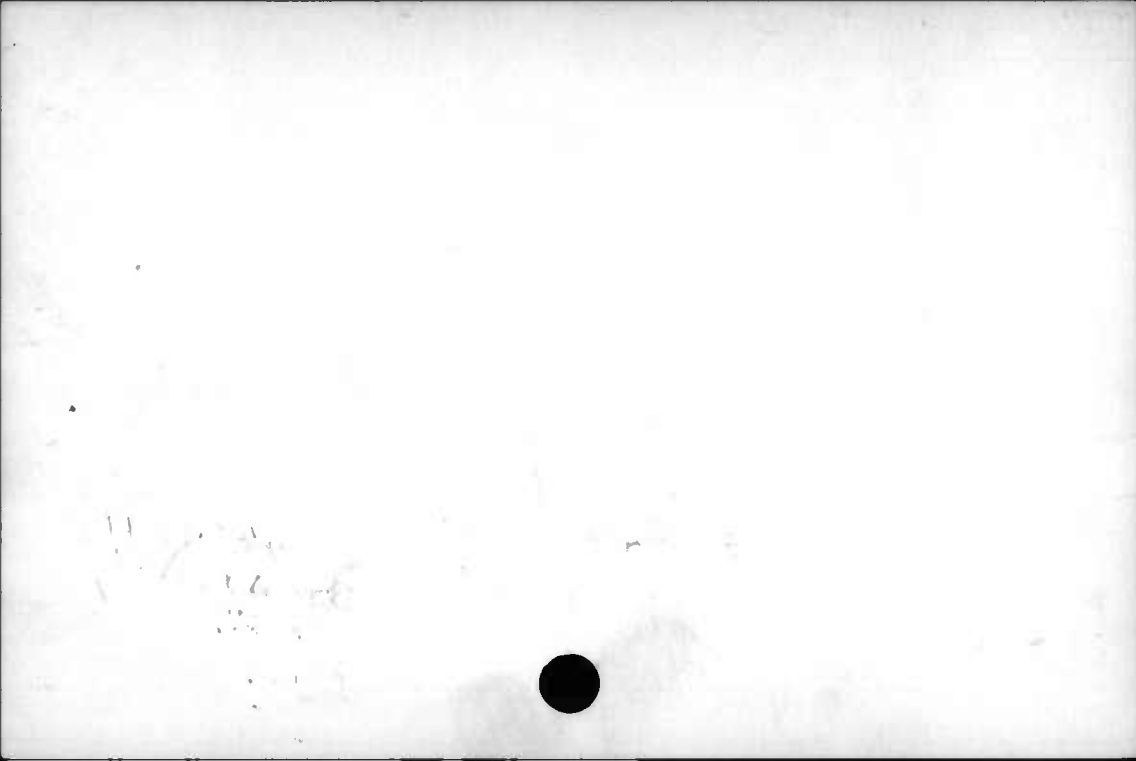
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtland</i>		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		<i>Feb</i>	<i>10</i>				<i>Still Born</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>White</i>		<i>in</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
<i>Auguste Lindman</i>				<i>ind</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Anna G. Bennett</i>				<i>ind</i>			
Name of person giving information				How related to deceased			
<i>mother</i>				<i>ind</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Still Born 5mo. 11 weeks pregnant</i>	How long	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. H. Broadbent</i>
			Address	<i>to Cumtland</i>
Accident or Suicide?		<i>No</i>		



Name
in
Full

Lindrum (27m)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cumtubund Town

County

Date

of death 1907

Month

26

Day

10

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

August Lindrum

Father's
Birthplace

MD

Mother's
Maiden Name

Anna F. Burnett

Mother's
Birthplace

MD

Name of person giving
In formation

Mother

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still Born (Physician)

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. K. Broadbent

Cumtubund

Accident or Suicide?

No

No

PHYSICIAN
OR CORONER



Name
in
Full

Stillborn 1 Long

CERTIFICATE OF DEATH

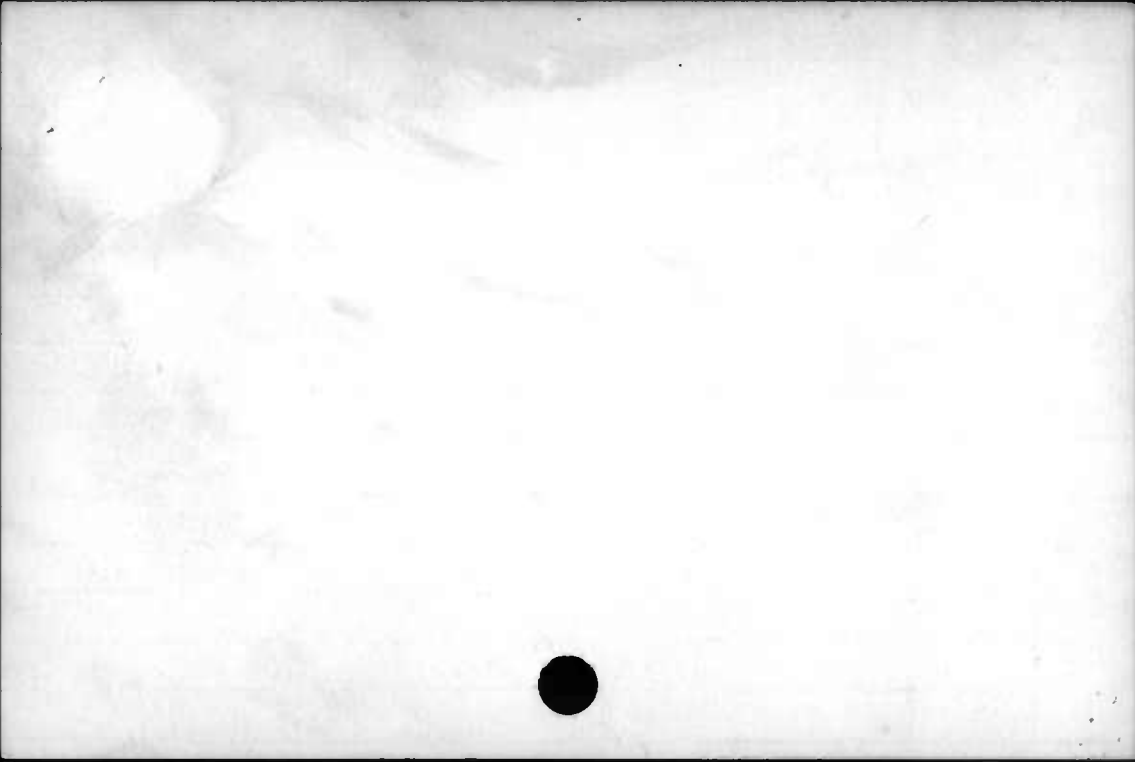
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Cumberlaid</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1907 Feb.</i>	Month	Day <i>2</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Cumb</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Daniel Long</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Agnes Long</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Walter</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>Stillborn</i>
Immediate <i>unknown</i>	How long <i>Stillborn</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L. Braden</i>
<i>Dr. Stan</i>	Address <i>Cumberlaid</i>
Accident or Suicide? <i>No</i>	<i>NO</i>



Name
in
Full

CERTIFICATE OF DEATH

Effie Lowrey

Town

County

Died at

Mt Savage Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

7

Feb

8

Age

3

Sex

Female

Color or
Race

W. White

Birth-
place

Mt Savage

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Edward Lowrey

Father's
Birthplace

Pa

Mother's
Maiden Name

Minnie Faulkner

Mother's
Birthplace

Cumberland

Name of person giving
In formation

Carl Faulkner

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

How long

Immediate

Acute Indigestion

How long

15 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

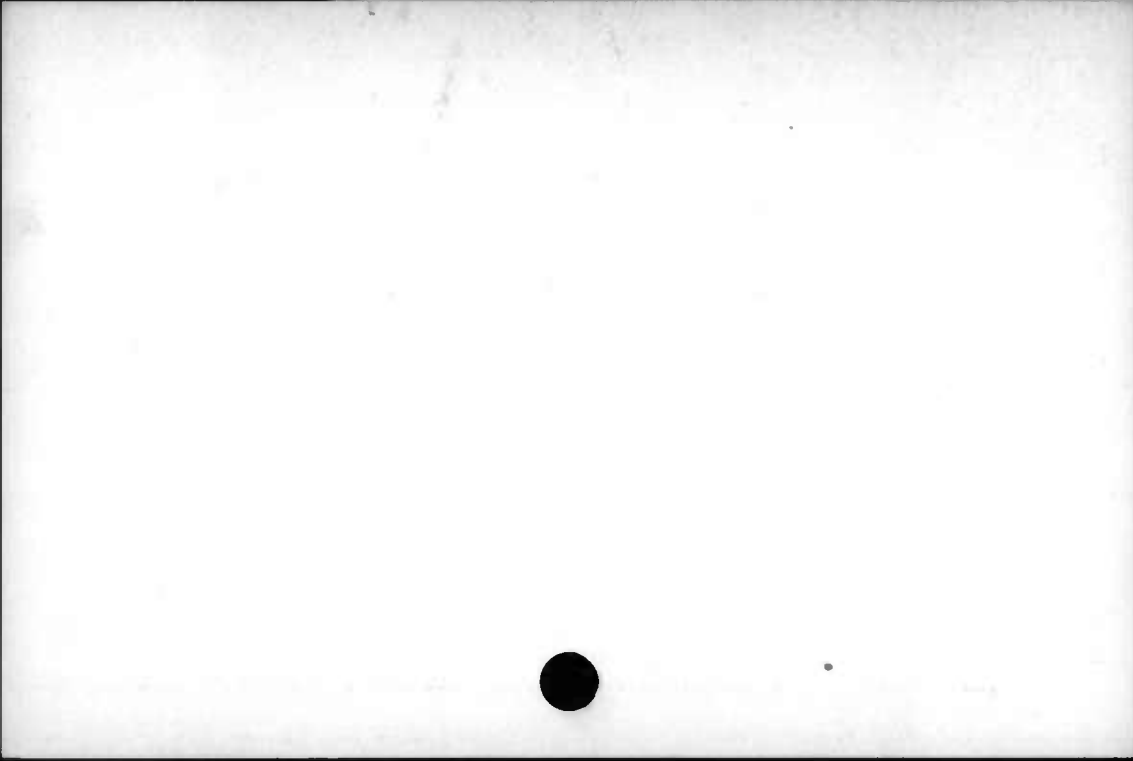
F. Alan F. Murray

Address

Mt - Savage
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still born Miller

CERTIFICATE OF DEATH

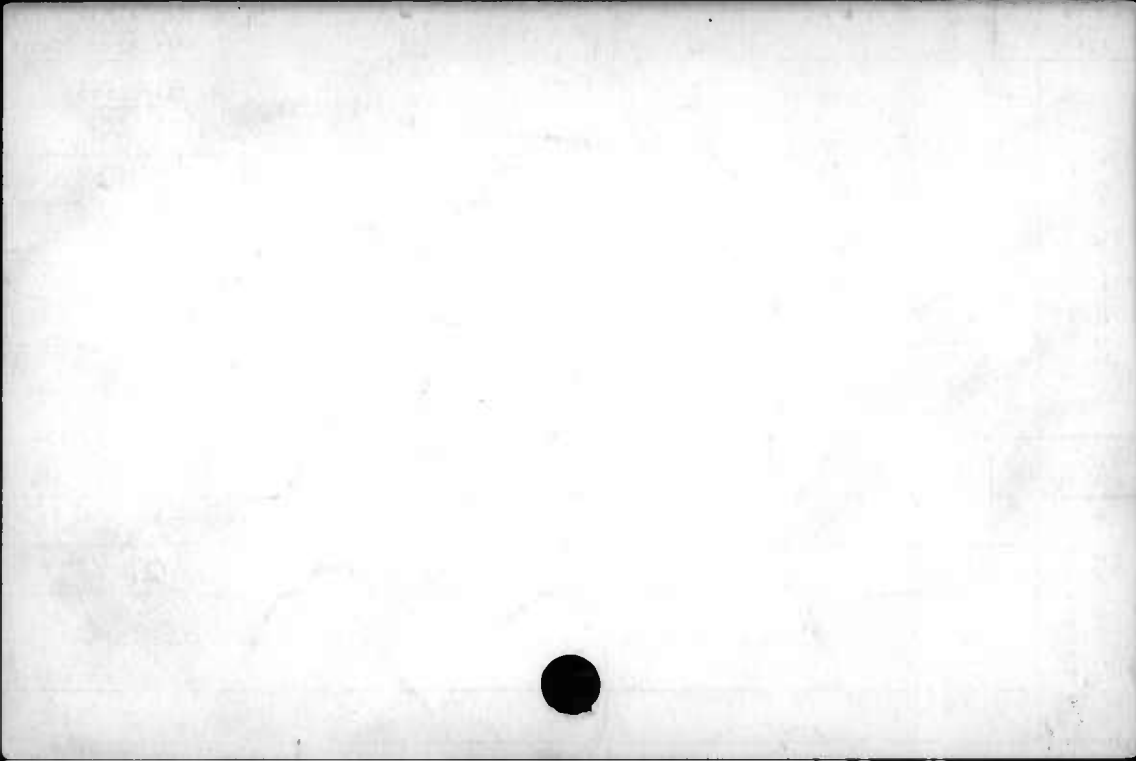
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleg		MARYLAND	
Date of death	1907	Month Feb	Day 28	Age —	Years —	Months —	Days 1
Sex	male		Color or Race	white		Birth- place	md
Occupation	none			Where Residing if not at place of death —			
Married, Single or Widowed	single		Name of Wife or Husband none				
Father's Name	Wm Cornell				Father's Birthplace Germany		
Mother's Maiden Name	Emily Miller				Mother's Birthplace Germany		
Name of person giving In formation	Emily Miller				How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Not known		How long	—
Immediate	Still born		How long	about 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. H. Hawkins		
G. S. B.		Address Cumberland		
Accident or Suicide?		Md.		



Name
in
Full

Robert Elsworth Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

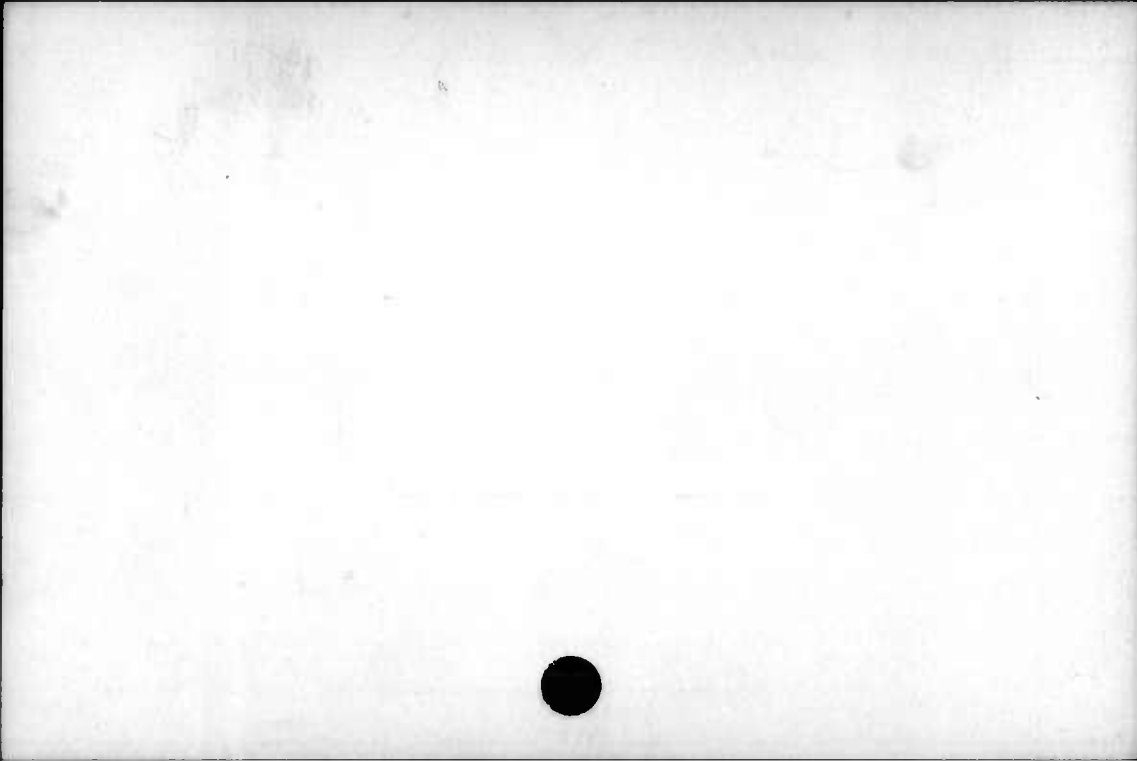
Died at <i>Cumby</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumbyland</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>A R Morgan</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary Estep</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>A Robert Morgan</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Enterocolitis</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>4 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Brace</i>
	Address <i>Cumby Ind</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

1



Name
in
Full

Elmer Mowbray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

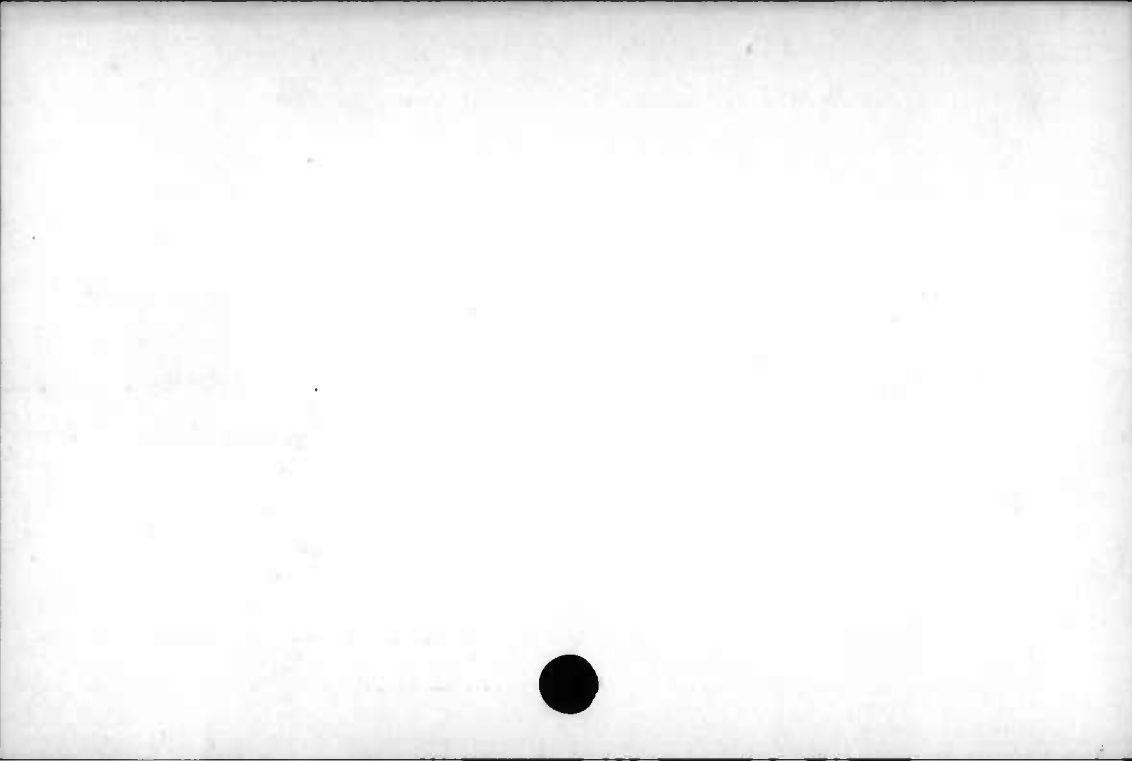
Died at <u>Barton</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 1907	Month <u>Feb</u>	Day <u>23</u>	Age <u>2</u> Years	Months	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Allegh. Co.</u>		
Married, Single or Widowed <u>L</u>			Occupation <u>L</u>		
Name of Wife or Husband <u>L</u>					
Father's Name <u>George Mowbray</u>			Father's Birthplace <u>Allegh. Co.</u>		
Mother's Maiden Name <u>Amy Poland</u>			Mother's Birthplace <u>Allegh. Co.</u>		
Name of person giving information <u>G. L. Mowbray</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	<u>Probably Diphtheria</u>	How long	<u>3 days</u>
Immediate	<u>Convulsions</u>	How long	<u>One hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. A. Boucher</u>	
		Address <u>Barton</u>	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1



Name
in
Full

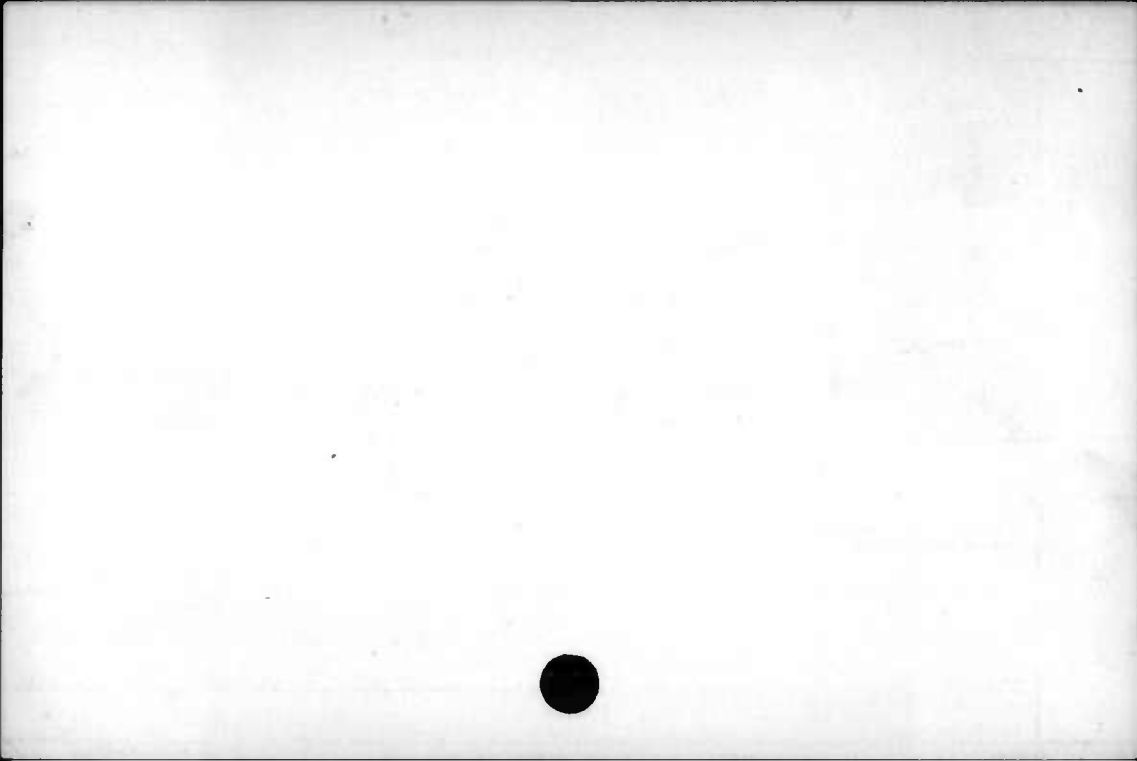
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Bridget Mulledy		Town Cumbarland		County Alleghany		State MARYLAND	
Died at		Date of death 1907		Age 79		Months 7	
Month 2		Day 2		Years 79		Days —	
Sex Female		Color or Race White		Birth-place Ireland			
Occupation		Where Residing if not at place of death Cumbarland					
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single		Name of Wife or Husband Dennis Mulledy					
Father's Name Patrick McNamee		Father's Birthplace Ireland					
Mother's Maiden Name Hannah Murphy		Mother's Birthplace Ireland					
Name of person giving information Mrs Hugh M. Mullen		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN OR CORONER (1)	Primary Senile exhaustion	How long 1574
	Immediate —	How long —
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician M. W. Mullen
		Address Cumbarland Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Savage</i> Town		<i>Neder</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>26</i>	Age <i>X</i>	Months <i>X</i> Days <i>1 hour</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt Savage</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>John Neder</i>			Father's Birthplace <i>Cumberland</i>		
Mother's Maiden Name <i>Lillie Workmeister</i>			Mother's Birthplace <i>Cumberland</i>		
Name of person giving information <i>John Neder</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>French Pneumonia</i>	How long	
Immediate	<i>Premature birth</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Newton Spar, Md</i>	
		Address <i>Mt Savage Md.</i>	
Accident or Suicide?			

51115

Name
in
Full

CERTIFICATE OF DEATH

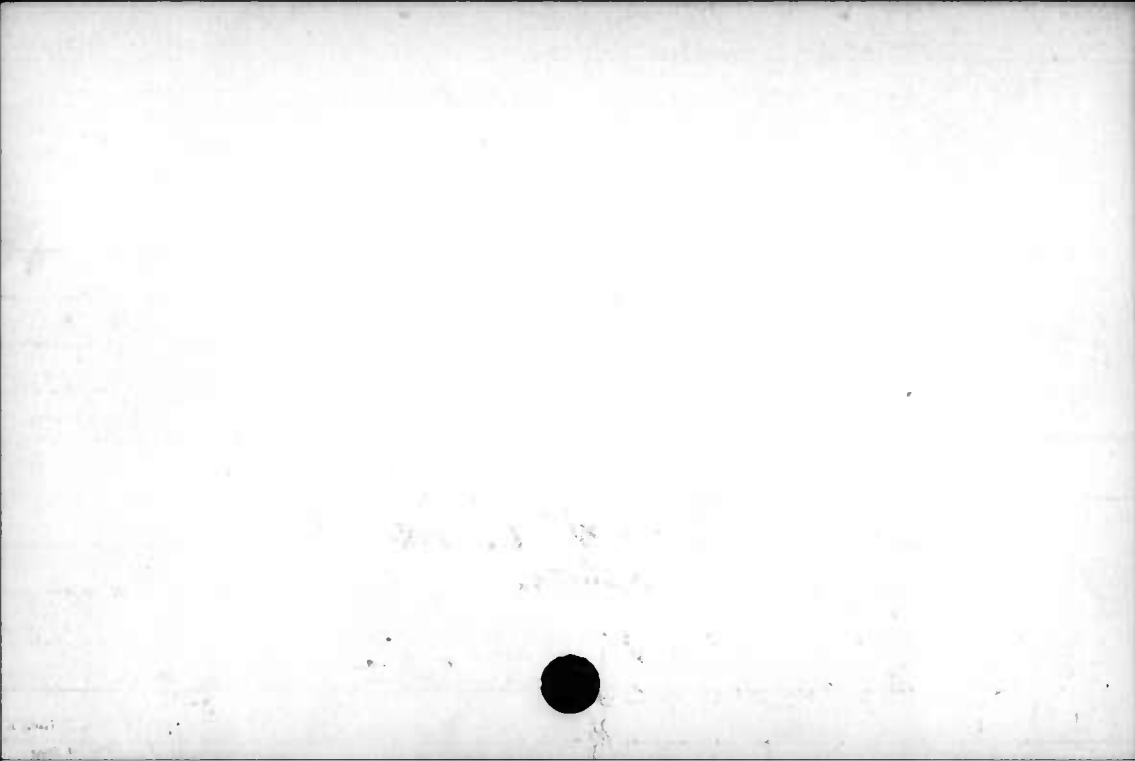
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>February</i>	Day <i>2</i>	Age <i>3</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Archibald I. Nichols</i>			Father's Birthplace <i>Lonaconing</i>		
Mother's Maiden Name <i>Martha Gardner</i>			Mother's Birthplace <i>Lonaconing</i>		
Name of person giving information <i>Archibald I. Nichols</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever.</i>	How long	<i>6 weeks</i>
Immediate	<i>nephritis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Hodgson.</i>	
		Address <i>Lonaconing, Ind.</i>	
Accident or Suicide? <i>No.</i>			



Name
in
Full

Peter L Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

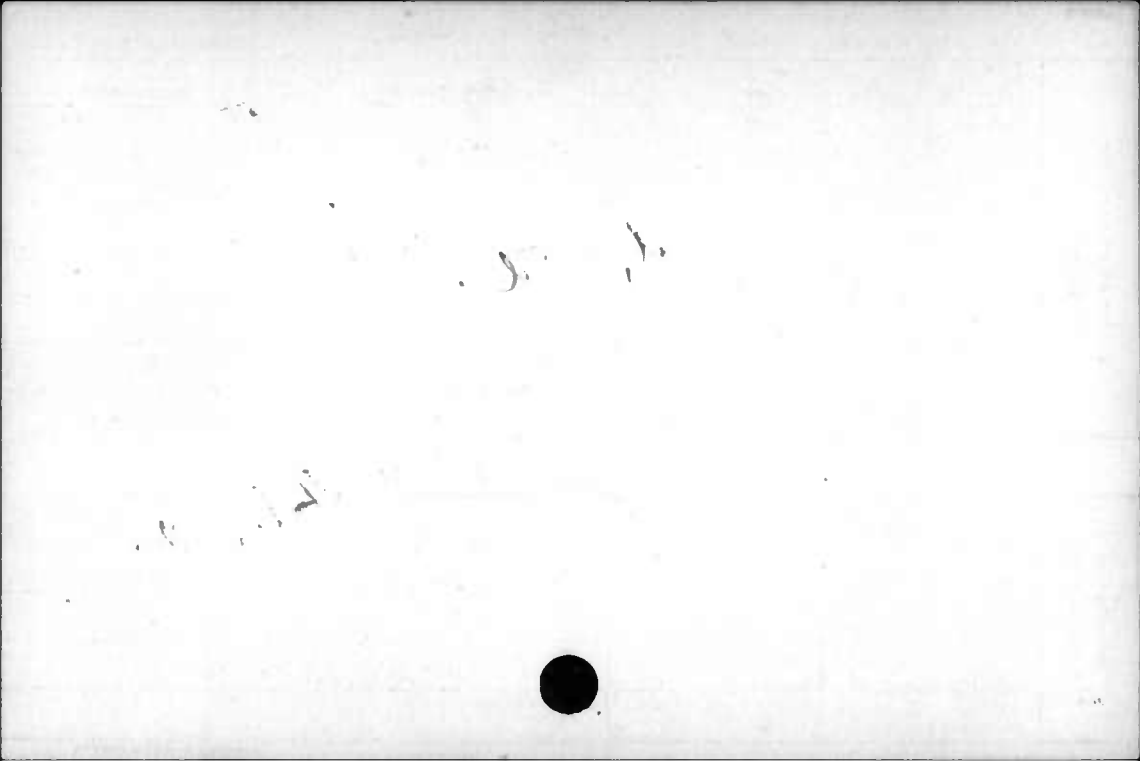
Died at <i>Camden</i>			County <i>Acceyany</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>Feb</i>	Day <i>20</i>	Age <i>73</i>	Months <i>11</i>	Days		
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>				
Occupation <i>Shoemaker</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Barbara Catharine Davis</i>						
Father's Name <i>Dont Know</i>				Father's Birthplace <i>Dont Know</i>				
Mother's Maiden Name <i>Dont Know</i>				Mother's Birthplace <i>Dont Know</i>				
Name of person giving information <i>E. J. Castle</i>				How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

Primary	<i>old age.</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>2 dy</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician	
(<i>Lin Stein</i>)		Address <i>E B Claybrook MD.</i>	
Accident or Suicide? <i>no</i>		<i>Camden Md</i>	

PHYSICIAN
OR CORONER

1



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine Pfeiffer

Town

County

Died at

Cumberland

Acugary

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Feb

27

Age

45

1

13.

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Wife

Where Residing if not
at place of death

-

Married, Single
or Widowed

married

Name of Wife or
Husband

Christian

Father's
Name

don't know

Father's
Birthplace

don't know

Mother's
Maiden Name

don't know

Mother's
Birthplace

K N

Name of person giving
In formation

Christian Pfeiffer

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Cancer of Uterus

How long

1 yr.

Immediate

same

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

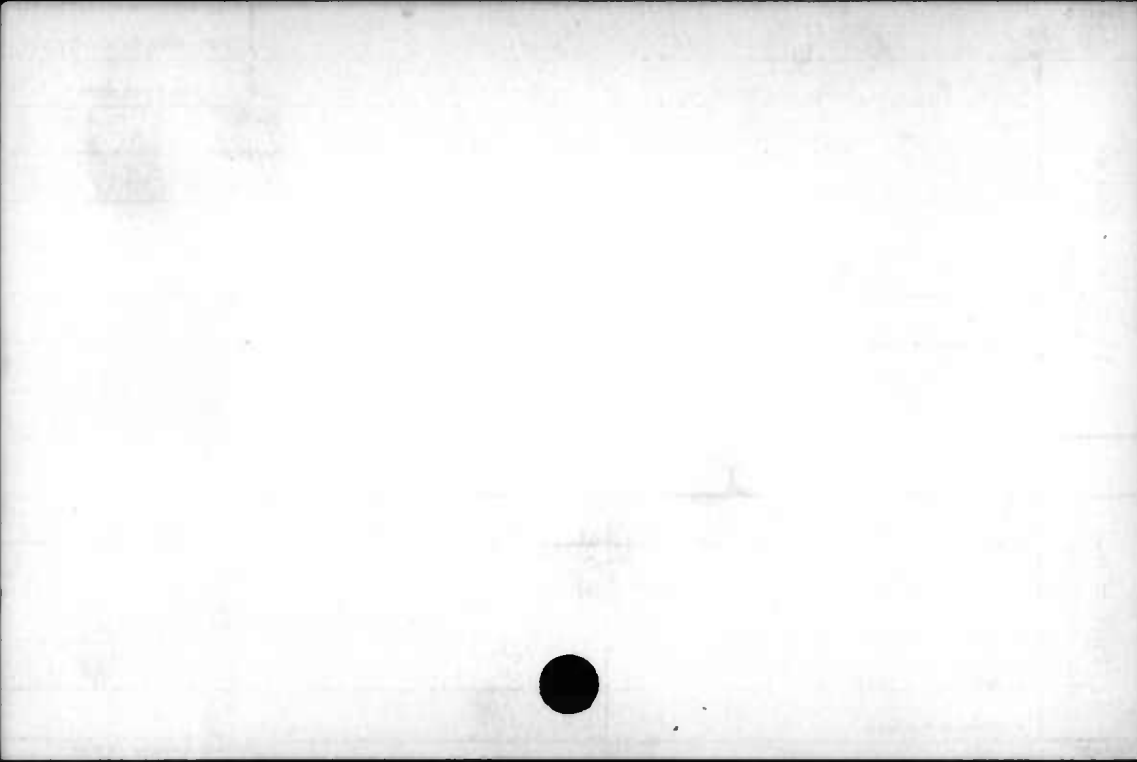
Signature of
Physician

Address

Dr A H Hawkins
Cumberland
Md.

Accident or Suicide?

Hein.



Name
in
Full

Laurence M Powers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frostburg			^{County} Allegany			MARYLAND		
Date of death	1907	Month 2	Day 11	Age 6	Years 6	Months 6	Days 7	
Sex	Male		Color or Race	White		Birth-place	U.S.	
Occupation	X X X			Where Residing if not at place of death Home				
Married, Single or Widowed	X X		Name of Wife or Husband	X X X X X X				
Father's Name	John Powers					Father's Birthplace	U.S.	
Mother's Maiden Name	Emma McKenzie					Mother's Birthplace	U.S.	
Name of person giving information	Father					How related to deceased	Father	

CAUSES OF DEATH

Primary	Acute Articular Rheumatism	How long	One week
Immediate	Ulcerative Endocarditis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Thomas J. O'Leary	
Address		Frostburg, Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1

1871

Catholics County

Name
in
Full

Robinette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Lembertown</u> ^{Town}		<u>Allegheny</u> ^{County}	
Date of death <u>1907</u> ^{Year}	<u>Feb</u> ^{Month}	<u>4</u> ^{Day}	Age <u>—</u> ^{Years}
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Lembertown Md</u>	Months <u>—</u> Days <u>1</u>
Occupation <u>infant</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>unknown</u>	Father's Birthplace <u>(unmarried)</u>		
Mother's Maiden Name <u>Jessie Robinette</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Mrs J. Robinette</u>	How related to deceased <u>Grand mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature birth</u>	How long <u>15</u>	How long <u>5 mos - factor</u>
Immediate <u>unknown</u>	How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Duke M.D.</u>	
	Address <u>Lembertown Md.</u>	
Accident or Suicide? <u>—</u>		



Name

in
Full

CERTIFICATE OF DEATH

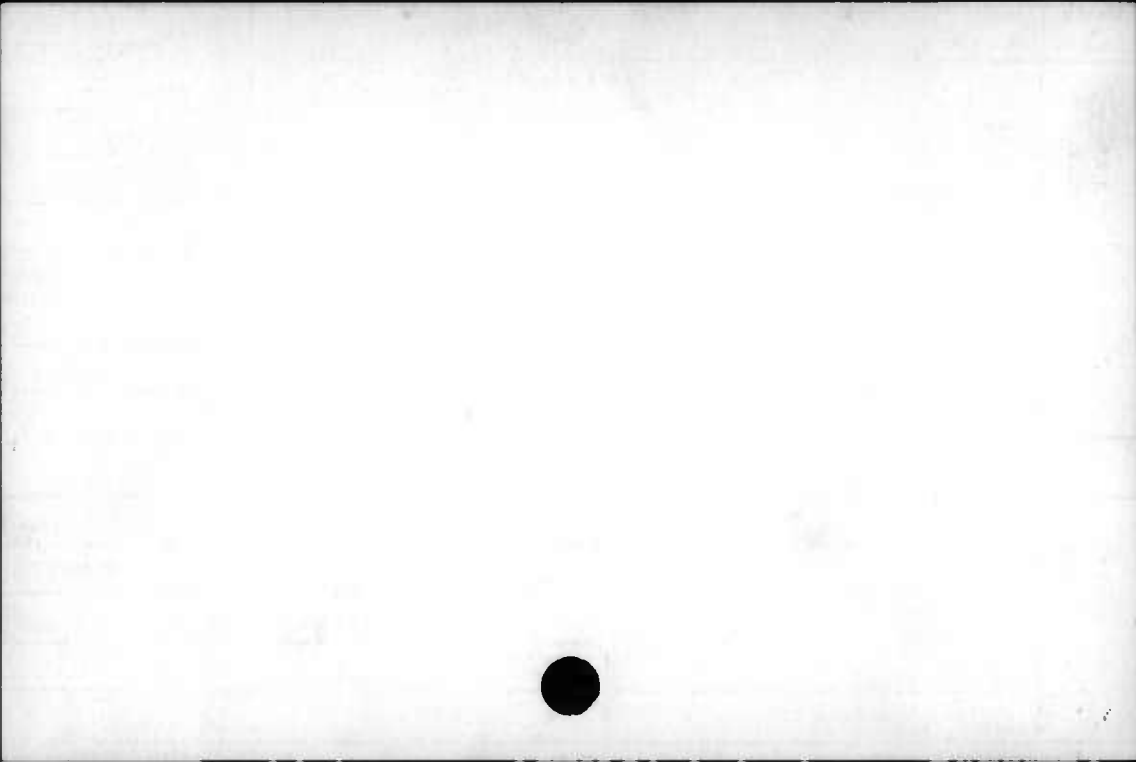
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Cesgary</i>		County		MARYLAND	
Date of death	1907	Month	Feb	Day	10	Age	49
Sex	Female		Color or Race	white		Birth-place	<i>Wrotham</i>
Occupation	<i>House Maid</i>		Where Residing if not at place of death		<i>Cumberland Md</i>		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>Moses J Robins</i>					Father's Birthplace	<i>Marlboro Brand</i>
Mother's Maiden Name	<i>Jane Pumphrey</i>					Mother's Birthplace	
Name of person giving information	<i>William Robins</i>					How related to deceased	<i>Washington DC</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of neck</i>	How long	<i>3 mos</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. A. Ross</i>	
		Address <i>Ferrisburgh</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Morley Rodgers

Town

County

Died at

Lodwoning

Allegheny

MARYLAND

Date

1907

Month

Feb

Day

25

Age

Years

17

Months

3

Days

30

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

School-boy

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. Rodgers

Father's
Birthplace

England

Mother's
Maiden Name

Ida Alter

Mother's
Birthplace

Balto. Md.

Name of person giving
information

Wm Rodgers

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry M. Rodgers

Address

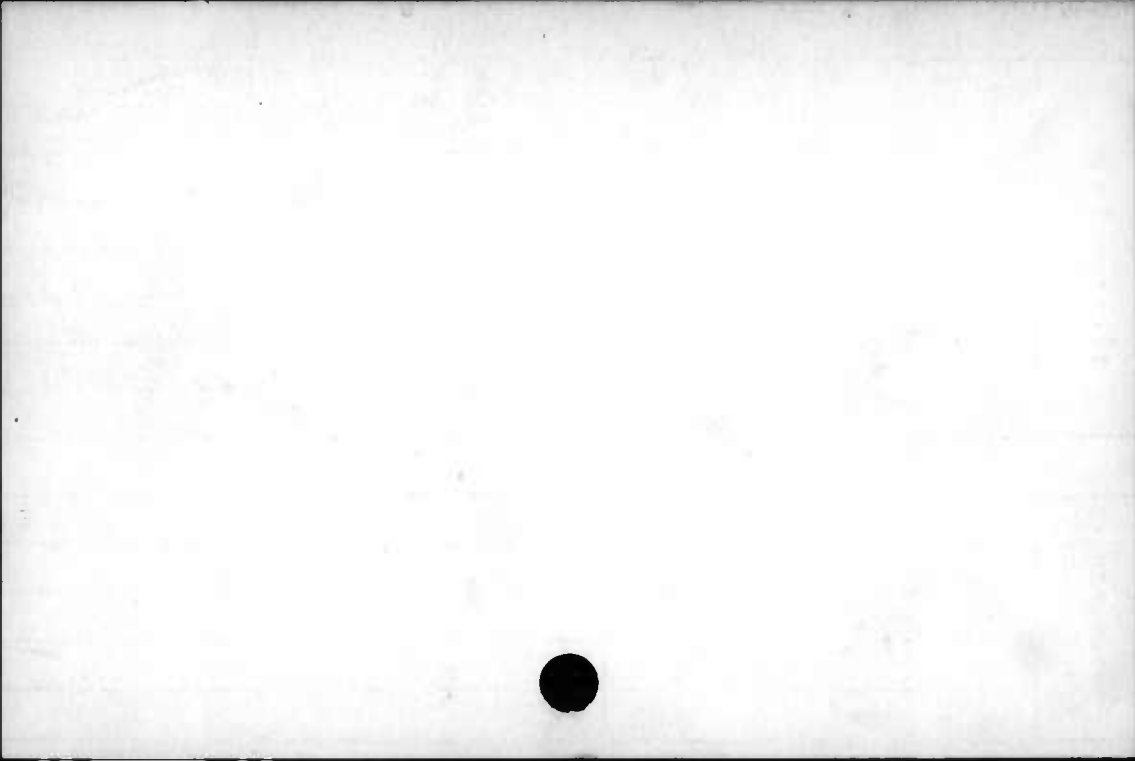
Lodwoning, W. Va.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

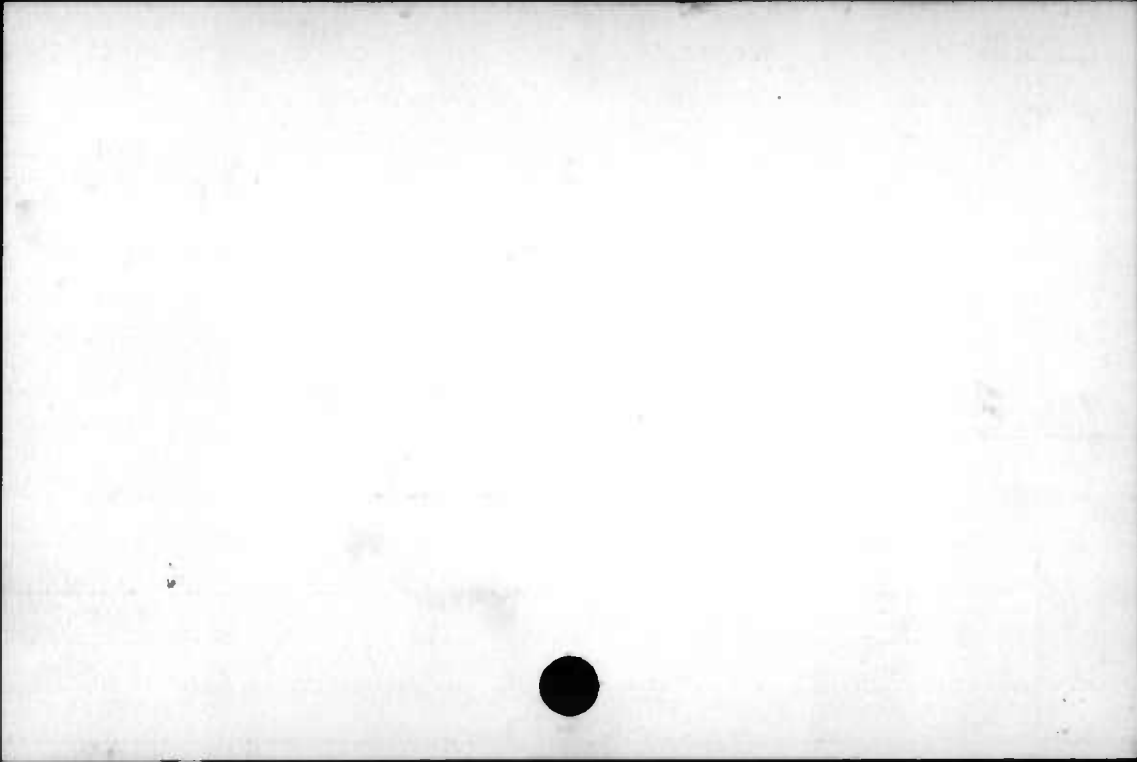
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John B Shannon		Town Cumtland		County Augusta		State MARYLAND	
Died at Cumtland		Month Feb		Day 21		Years about 70-	
Date of death 1907		Months -		Days -			
Sex Male		Color or Race White		Birth-place Pa			
Occupation retired citizen				Where Residing if not at place of death -			
Married, Single or Widowed Widower		Name of Wife or Husband -					
Father's Name Not Known				Father's Birthplace Not Known			
Mother's Maiden Name Not Known				Mother's Birthplace Not Known			
Name of person giving information Thomas F Shannon				How related to deceased Son.			

CAUSES OF DEATH

Primary General Dropsy	How long 2 years.
Immediate Heart Disease	How long " "
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician W. W. Wily
Accident or Suicide?	Address Cumtland Md.

PHYSICIAN
OR CORONER



Name
in
Full

Susan Shearer

CERTIFICATE OF DEATH

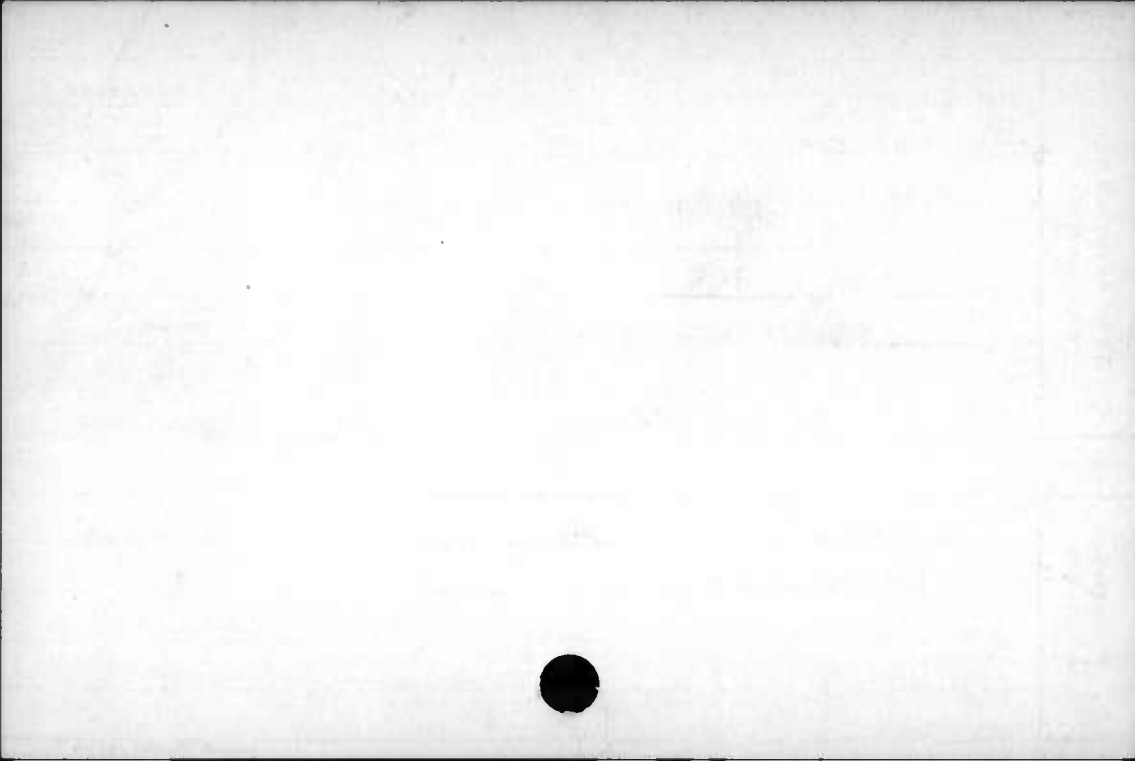
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Allegany</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Feb</u>	Day <u>28</u>	Age <u>68</u> Years	Months <u>don't know</u> Days <u>don't know</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Allegany Co Md</u>		
Occupation <u>retired</u>		Where Residing if not at place of death <u>Frostburg Md</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John Winter</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Ester Trimbur</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Joseph McEary</u>			How related to deceased <u>Son in Law</u>		

CAUSES OF DEATH

Primary	<u>Grippe.</u>	How long	<u>4 Weeks.</u>
Immediate	<u>Exhaustion due to Grippe</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>James Koon MD</u>	
<u>Frostburg Md.</u>		Address <u>Cumberland Md.</u>	
Accident or Suicide? <u>LOUIS STEIN</u>			

PHYSICIAN
OR CORONER



Name
in
Full

Daniel Sheldt

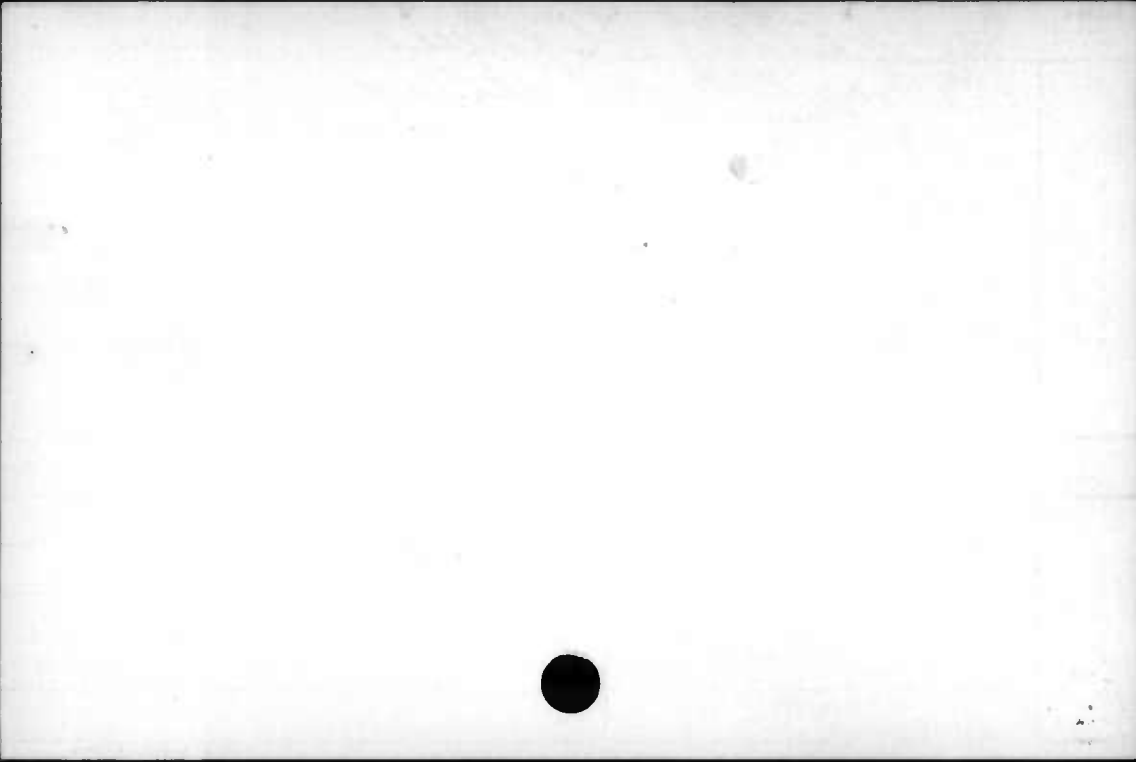
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND								
Date of death	1907	Month	7	Day	14	Age	Year	69	Months		Days	
Sex	Male		Color or Race	White		Birth-place						
Occupation				Where Residing if not at place of death								
				Headsville W. Va.								
Married, Single or Widowed		Married		Name of Wife or Husband								
Father's Name		unknown						Father's Birthplace				
Mother's Maiden Name		"						Mother's Birthplace		"		
Name of person giving information		Wm Hospital						How related to deceased		none		

CAUSES OF DEATH

Primary	Uremia	How long	unknown
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?		-	
Signature of Physician		E. B. McDonald	
Address		Cumberland	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Ellen Stephens</i>		Town <i>Frostburg</i>		County <i>Allegh</i>		MAYLAND	
Died at <i>Frostburg</i>		Date of death <i>1907 Feb 8</i>		Age <i>54</i>		Months <i>4</i> Days	
Sex <i>Female</i>		Color or Race <i>W</i>		Birthplace <i>Sarretts Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Stephens</i>					
Father's Name <i>Jeremiah Hurst</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Knover</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Miss Hurst</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary Cause of Death <i>Cancer of Liver</i>	How long <i>Few months</i>
Immediate Cause of Death <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Griffith</i>
	Address <i>Frostburg</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

1

G. per
German L.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Alleghany</i> County		MARYLAND			
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>12</i>	Age <i>49</i>	Years <i>10</i>	Months <i>10</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>Wife</i>		Where Residing if not at place of death		<i>Narrows Park</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Gustav Stricklauer</i>			
Father's Name	<i>Does know</i>				Father's Birthplace	<i>Does know</i>	
Mother's Maiden Name	<i>" "</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Gustav Stricklauer</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

Primary	<i>Cirrhosis of Liver</i>	How long	<i>6 mo.</i>
Immediate	<i>" "</i>	How long	<i>" "</i>

Are the name, age, sex, color, date and place correctly given above?

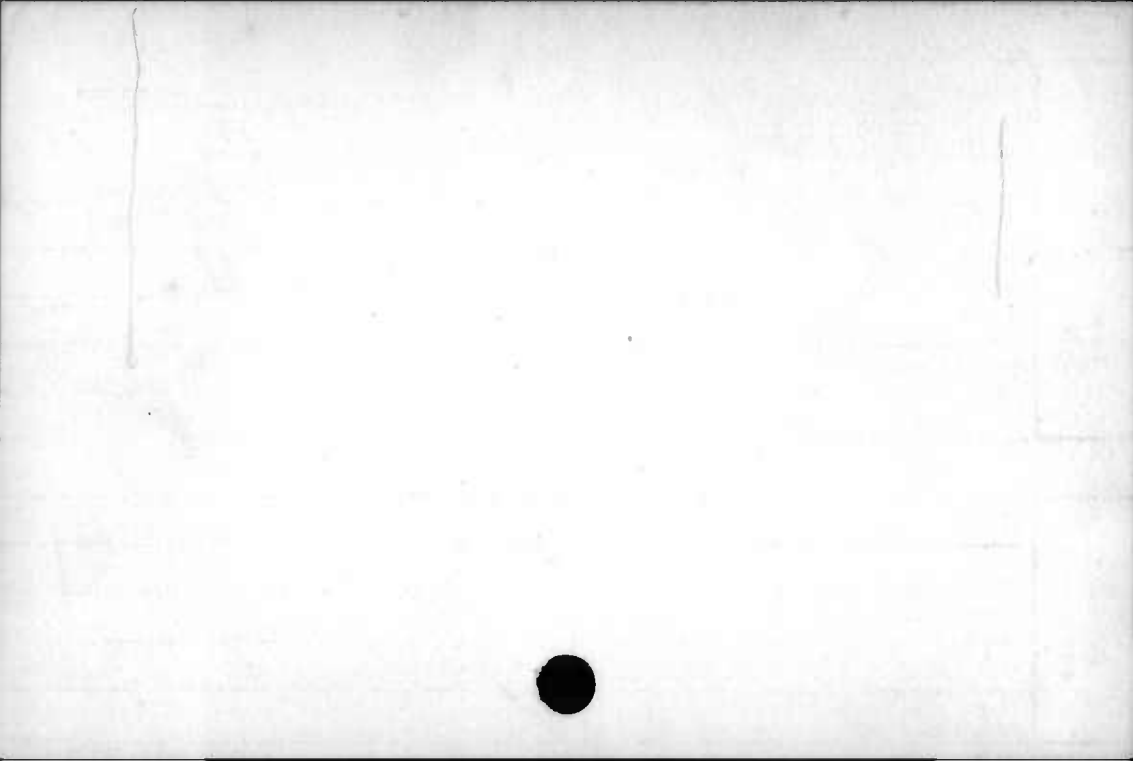
yes

Signature of Physician

Address

Dr. A. H. Hawkins
Cumberland
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

John Taylor,
FrostburgCounty
Alleghany

Date

of death 1907

Month

2

Day

9

Age

Years

54

Months

1

Days

21

Sex

M.

Color or
Race

W.

Birth-
place

England.

Occupation

Miner

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Amanda Miller

Father's
Name

Edward Taylor

Father's
Birthplace

England

Mother's
Maiden Name

Jane Hindinill

Mother's
Birthplace

England.

Name of person giving
Information

Lizzie Taylor

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Sub. Acute inflammation of Mastoid

How long

About 2 months

Immediate

Acute Meningitis

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. W. M. Lane

Frostburg Md

Accident or Suicide?

to Mr

Atty Gen, Cemetery -

Name
in
Full

Margaret Thrasher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> ^{Town}		County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>23</u>	Age <u>63</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Invalid</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Geo W Thrasher</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Elmer E Thrasher</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

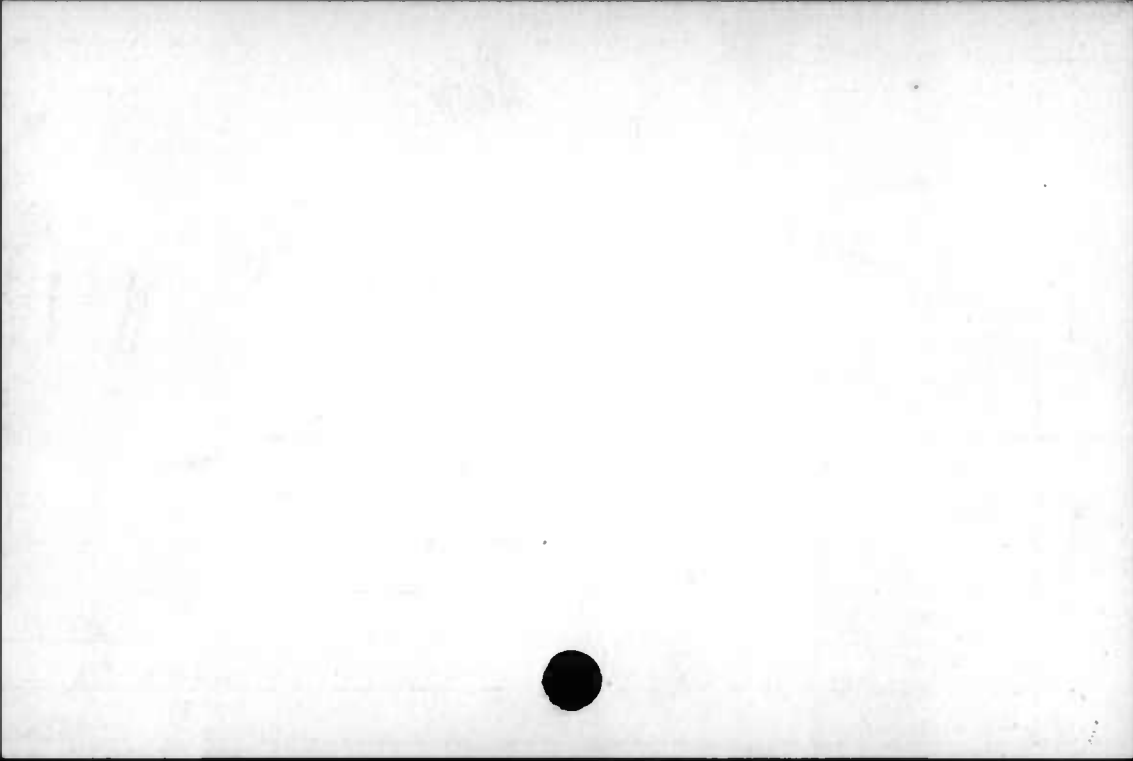
Primary <u>Rheumatoid Arthritis</u>	How long <u>10 yrs</u>
Immediate <u>Apoplexy + exhaustion</u>	How long <u>3 days</u>

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Cumtland IndAccident or Suicide? No.



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

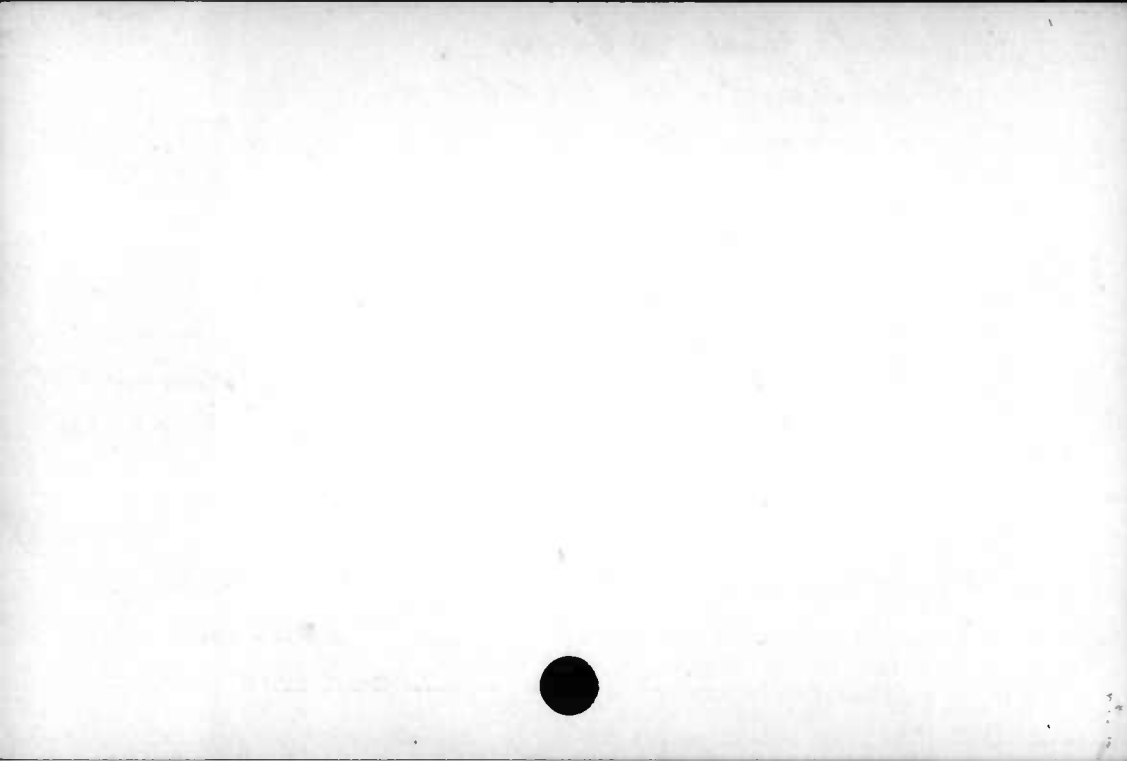
Name in Full Joseph Wannick		Town Moscow Mills		County Allegheny		MARYLAND	
Died at Moscow Mills		Date of death 1907 Feb		Day 27		Age 71	
Month Feb		Day 27		Years 71		Months 3	
Sex Male		Color or Race White		Birth-place Garratt Co.			
Married, Single or Widowed Single		Occupation Laborer					
Name of Wife or Husband L							
Father's Name Joseph Wannick				Father's Birthplace Garratt Co			
Mother's Maiden Name Elizabeth Hazenbator				Mother's Birthplace Garratt Co			
Name of person giving information The man himself				How related to deceased 1			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary Chronic Cystitis		How long Several months	
Immediate Uremic Coma		How long About 12 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. A. Boncher	
		Address Barton, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

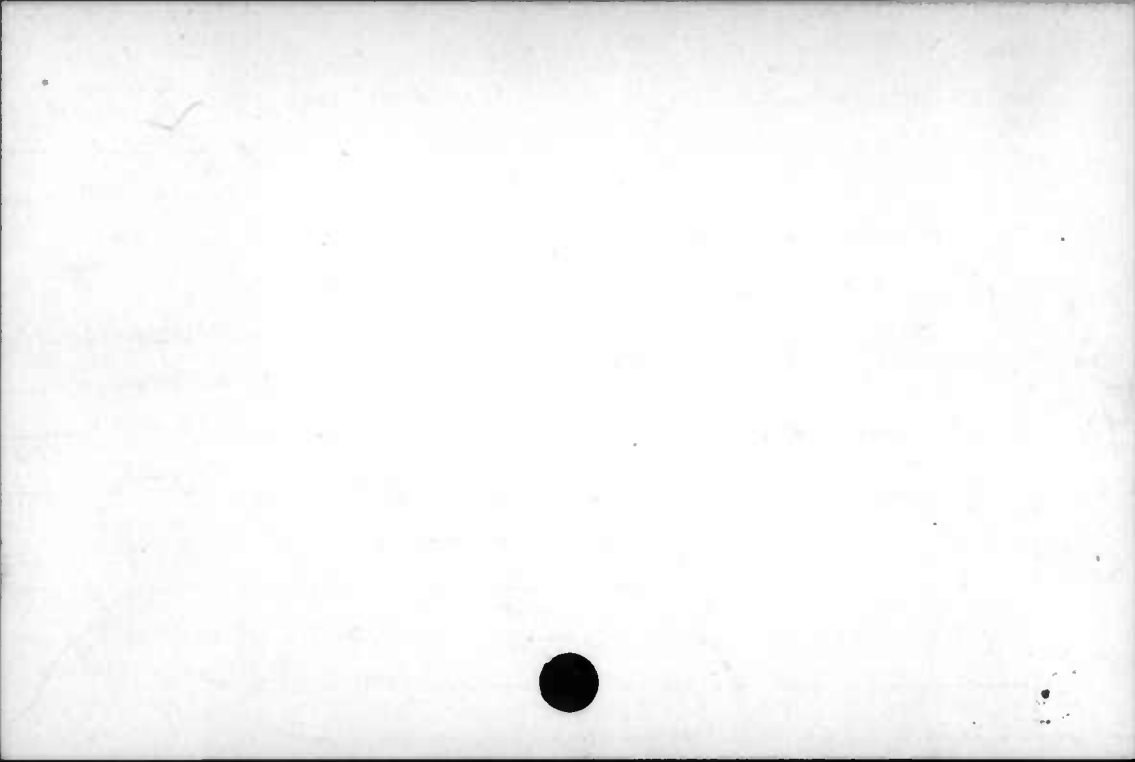
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James C. Watson</i>		Town <i>Eckhart</i>		County <i>Allegh</i>		MARYLAND	
Died at <i>Eckhart</i>		Month <i>Feb</i>		Day <i>14</i>		Years <i>36</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>14</i>		Years <i>36</i>	
Sex <i>M.</i>		Color or Race <i>W.</i>		Birth-place <i>Eckhart Md</i>		Months <i>5</i>	
Occupation <i>Constable</i>		Where Residing If not at place of death				Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Burnice Mc Mullen</i>					
Father's Name <i>John Watson</i>		Father's Birthplace <i>Eckhart Md</i>					
Mother's Maiden Name <i>Sarah Close</i>		Mother's Birthplace <i>Wetland Md</i>					
Name of person giving information <i>Hugh C. Watson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Car horses & liver</i>	How long <i>Few Months</i>
Immediate Cause <i>Toxic Symptom with Coma</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Griffith</i>
	Address <i>Farmington Md</i>
Accident or Suicide?	



Name

in
Full

Margaret H. Egman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>10</u>	Age <u>72</u>	Years	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Allegany Co. Md.</u>				
Occupation <u>Housewife (retired)</u>	Where Residing if not at place of death <u>Cumberland Md.</u>						
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John D. Egman</u>						
Father's Name <u>Peter Raig</u>	Father's Birthplace <u>Germany</u>						
Mother's Maiden Name <u>Donna Kuper</u>	Mother's Birthplace <u>Germany</u>						
Name of person giving information <u>Joseph H. J. Egman</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 4 days

Immediate 64 How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. H. Jochnum

Cumberland Md.

Accident or Suicide?



100

Name
in
Full

CERTIFICATE OF DEATH

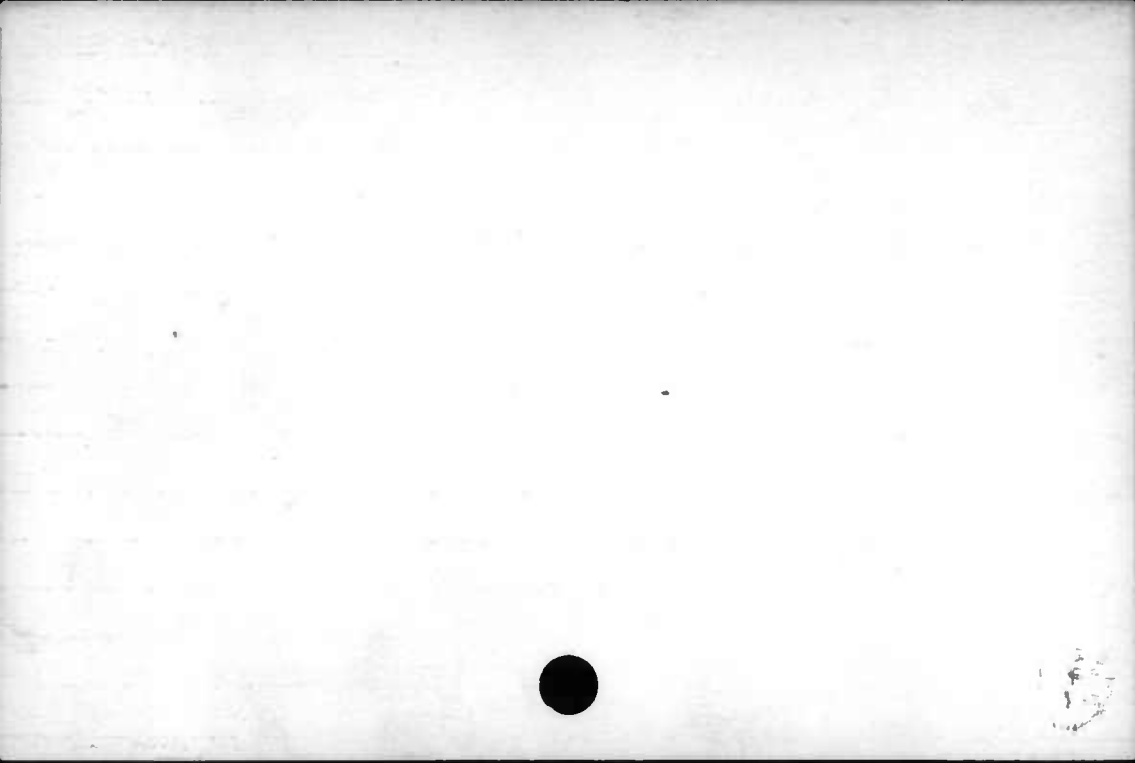
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Mary E. Wells</i>		Town <i>Lanarving</i>		County <i>Alleghany</i>		State MARYLAND	
Died at <i>Lanarving</i>		Date of death 1907		Month <i>Feb</i>		Day <i>26</i>	
Age <i>85</i>		Years <i>85</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Rockville Md</i>			
Occupation <i>house</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Major F. Wells (deceased)</i>					
Father's Name <i>James Grant</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Elizabeth Madison</i>		Mother's Birthplace <i>cc</i>					
Name of person giving information <i>Amie M. Wells</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>Five years</i>
Immediate <i>Pneumonia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Shilling M.D.</i>
Address <i>Lanarving</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full *Hannah Wheeler*

Died at <i>Cumt-d</i>		Town <i>Cumt-d</i>		County <i>Acugany</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>86</i>	Years	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>Ellias Wheeler</i>					
Father's Name <i>Don't Know</i>				Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Adam Wheeler</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary <i>Heart Failure</i>	How long <i>Instant</i>
Immediate <i>" "</i>	How long

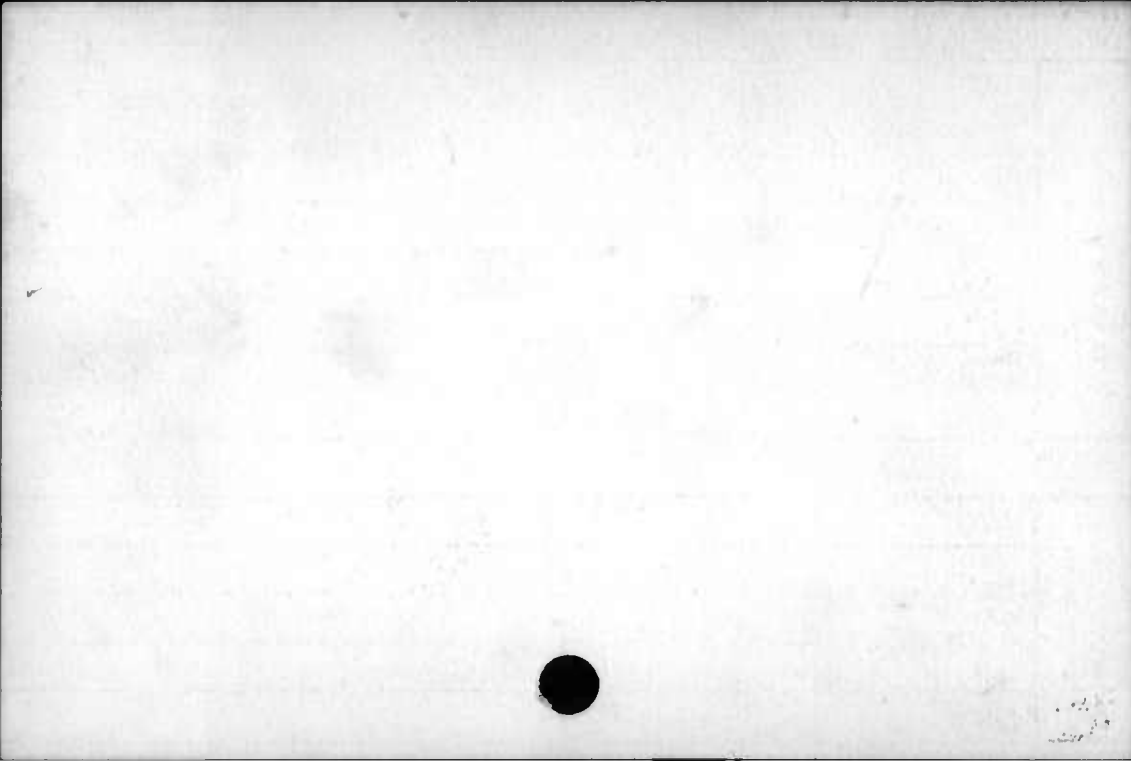
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. H. May, Coroner
Cumberland Md



Name
in
Full

William Richard Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithsburg</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>23</u>	Age <u>1</u>	Years <u>1</u>	Months <u>7</u> Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Frostburg, Md.</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Chas. Isaac Williams</u>			Father's Birthplace <u>Frostburg, Md.</u>		
Mother's Maiden Name <u>Ally Elizabeth Jackson</u>			Mother's Birthplace <u>Frostburg, Md.</u>		
Name of person giving information <u>Chas. I. Williams</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>90</u> days
Immediate <u>Menigitis</u>	How long <u>1</u> day
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. C. Colby</u>
	Address <u>Frostburg, Md.</u>
Accident or Suicide? <u>No</u>	

Stm

allegany

Name
in
Full

CERTIFICATE OF DEATH

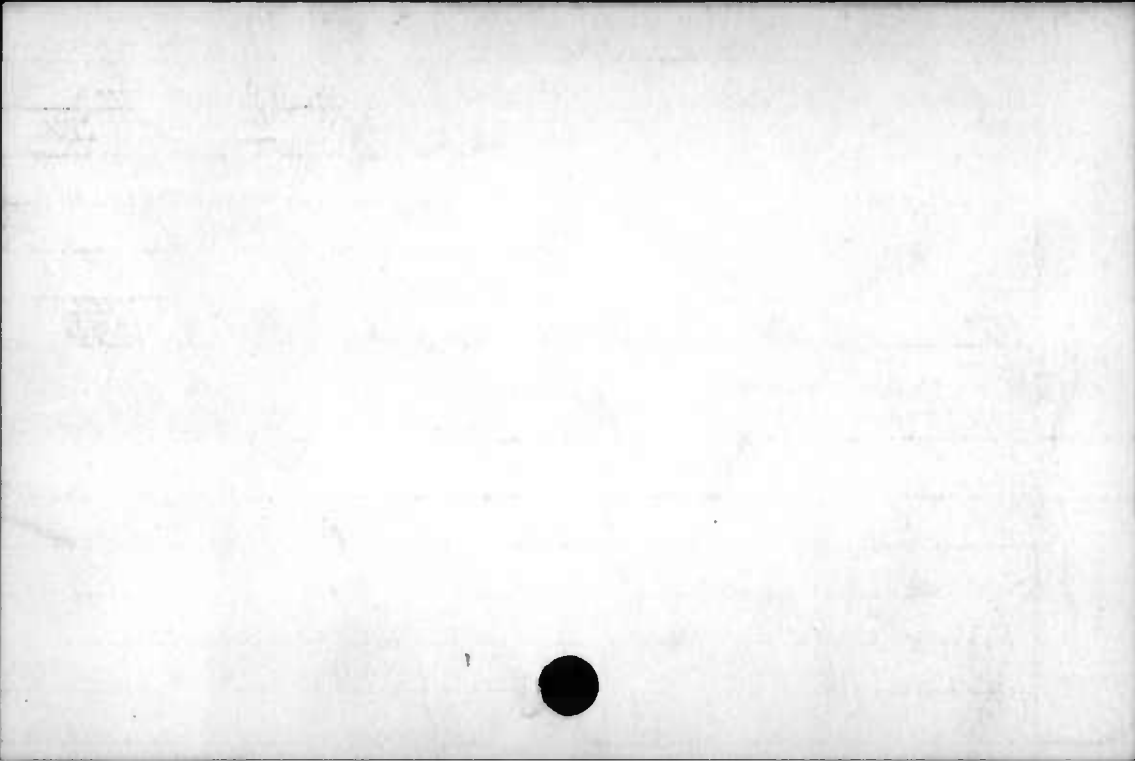
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lillian Wise</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at		Date of death <i>190</i>		Age <i>22</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		Days <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo Wise</i>					
Father's Name <i>Daniel W Bussard</i>		Father's Birthplace <i>Dont know</i>					
Mother's Maiden Name <i>dont know</i>		Mother's Birthplace <i>dont know</i>					
Name of person giving information <i>Geo Wise</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

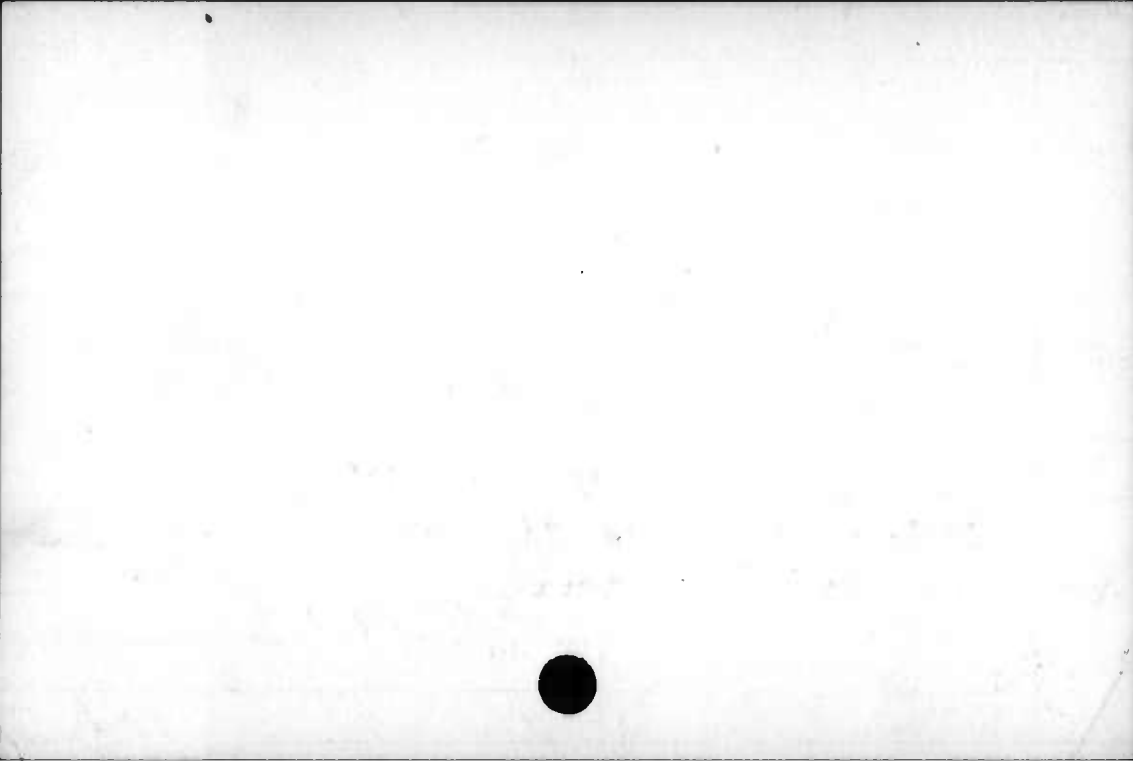
Primary <i>Typhoid Fever</i>	How long <i>4 wks</i>
Immediate <i>Toxemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes!</i>	Signature of Physician <i>Dr. A. H. Hawkins</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name in Full Margaret Wolfe		CERTIFICATE OF DEATH	
Town Cumberland		County Allegheny	
Died 1907		Maryland	
Date of death 1907		Month 2	
Day 11		Age 73	
Sex Female		Color or Race White	
Birth place Cumberland		Where Residing if not at place of death	
Occupation Housekeeper		Name of Wife or Husband None	
Married, Single or Widowed Single		Father's Name Hiram Wolfe	
Mother's Maiden Name Katharine Meinow		Father's Birthplace Wichita, Kas.	
Name of person giving information Hiram Wolfe Jr		Mother's Birthplace Cumberland	
		How related to deceased Brother	
CAUSES OF DEATH			
Primary Cancer of Liver		How long 4 mos	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. A. Howard	
		Address Cumberland	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OF CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anita K. Young

Died at *Cumt* Town *allapany* County **MARYLAND**

Date of death **1907** *Feb* Month *15* Day Age *1* Years Months *11* Days *18*

Sex *Female* Color or Race *white* Birth-place *Cumtland*

Occupation *none* Where Residing if not at place of death *Cumtland*

Married, Single or Widowed *Widowed* Name of Wife or Husband *none*

Father's Name *Edward A. Young* Father's Birthplace *Alaska* *Wro*

Mother's Maiden Name *Lizzie Higgins* Mother's Birthplace *Wahamit*

Name of person giving information *Edward A. Young* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cap. Bronchitis - Spasms* How long *2 mks*

Immediate *Pertussis - Exhaustion* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *gw*

Signature of Physician *Dr. H. Bracken* Address *Cumtland*

Accident or Suicide? *No*

